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THE Public Health Nurse

JUNE, 1919

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Editorial Staff

MISS ANNIE M. BRAINARD, *Editor*
MISS M. JOSEPHINE SMITH, *Managing Editor*
MRS. JOHN H. LOWMAN, *Associate Editor*
MRS. R. L. IRELAND, *Associate Editor*

612 St. Clair Avenue, N. E.
Cleveland, O.

Contributing Editors

MISS M. ADELAIDE NUTTING, R.N., *Director, Department of Nursing and Health, Teachers College, Columbia University, New York City*
MISS ELLA PHILLIPS CRANDALL, R.N., *Executive Secretary of the National Organization for Public Health Nursing, 156 Fifth Ave., New York City*
MISS EDNA L. FOLEY, R.N., *Superintendent of the Visiting Nurse Association, Chicago, Ill.*
MISS ELLEN N. LAMOTTE, R.N., *Wilmington, Del.*
MISS MARY BEARD, *Director, Instructive District Nursing Association, Boston, Mass.*
MISS MARY L. GARDNER, R.N., *Superintendent, District Nursing Association, Providence, R. I.*
MISS MARY E. LENT, R.N., *Associate Secretary, National Organization for Public Health Nursing*

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The
Public Health Nurse

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EDITORIALS

MANY, YET ONE

In the May number of *The Atlantic Monthly* there appeared an article entitled "The North Dakota Idea," which flung so dramatic a sketch of this State before the astonished and delighted reader that, in the language of the great teller of fairy tales, Hans Christian Andersen, it "came alive" like the little child's toys in the night. And not alive simply in a physical sense of sweeping plains, wide spaces and little towns growing in the prairie green, but alive in the sense that its inhabitants moved and spoke in their own peculiar way—that its vast grain fields came out of the realm of mere statistics and stood golden and ready to feed earth's hungry millions in many lands.

We had read many articles before about political conditions in North Dakota and many references to the products of this wide-flung State; but none of these partial aspects had evoked the State so that, at the sound of the name, it came and stood before us, saying, "Behold me! I am North Dakota."

What Mr. Arthur Ruhl has done for North Dakota ought to be done with regard to each and every State in the Union, with particular reference to the idea of public health and its degree of recognition in the laws, practices and desires of the people who inhabit the different States. It is not by railway journeys, when the scenery in passing slides along in an endless motion before imaginative eyes, that we learn to know the exceeding diversity of our great country; neither will "stop-overs" in particular places large and small, and hurried parleys with groups of people intensively interested in the same things that interest us acquaint us with the differences and degrees of achievement which public health has won in the general understanding of varied populations. Rather must these objective impressions be joined one to another, studied, pondered, wrestled with and portrayed, until we Americans understand the fullness of the meaning of obligation as implied in that glorious term *Union.*

Why, for instance, should any State wait for years before appropriating some few thousands of dollars for public health work if, in a sense, the State had not been isolated from the passionate interest in such matters existing in many of its sister States? And why should those who are working for better health conditions in communities where money is more easily had for such purposes not come to the aid of those who are fighting this battle under more difficult conditions?

If we can stand as an undivided nation in times of physical warfare against human foes and club together through loans and taxes for the purchase of armament and munitions for the destruction of human enemies, why can we not achieve an equal solidarity of front against the foe of preventable disease within our gates? Must thousands of children fight against the handicaps of bad teeth, crooked bones, blindness and enfeeblement—all the unnecessary physical ills to which flesh should not be heir—should the glorious adventure of life be constantly defeated and turned aside through the prevalence of diseases which should have no place in an active and enlightened civilization—all for the lack of an appropriation for public health which would hardly represent one discharge of a good sized gun? But such things will continue to be until we recognize our collective right to better health standards than now exist in our country.

I. W. L.

VARIED STANDARDS OF HEALTH

The paper published in this number of THE PUBLIC HEALTH NURSE under the heading "Varied Health Problems of Our Many States" gives us an account of the State of New Mexico and its present effort to obtain good health legislation.

The thing that stands out the most sharply in one's mind as one reads this account is the fact of one's own ignorance as to the immense variety of aspect and condition to be found between the two Eastern and Western coasts of the United States. It is certainly true that many of us who live along the Atlantic seabord know France and England far better than we know the great States west of the Mississippi. Yet the very term *United States* makes one long to feel that genuine union which comes from being aware of each other in some real, familiar and reciprocal sense. One is too apt to take the whole country for granted or to consider it a multiple reproduction of the centres that one knows. In the large cities, where people are overdriven by their zeal and overwhelmed with opportunities for advancement and self-culture along many lines they unconsciously forget the vast tracts of country where pioneer conditions obtain and where a real struggle is always being waged by an intrepid few who know that better things can be had and who ultimately lead the way to them.

But the greater part of all the waste of life, health and happiness which occurs in backward States and territories could be obviated if there were a central Department of Health in Washington with sufficient power to unionize the health standards of the United States. It should not be possible for States under one central government to remain oblivious of standards and procedure which obtain in more highly developed communities. Matters of such universal importance should not be arrived at through the slow process of evolution—they should be a part of the boon that the Central Government is able to confer and whose adoption it is able to exact.

No one section of the country can stand in judgment on another, however, so long as there remains an uneven development of opinion and practice even in those sections where there is most interest and the largest outlay for the promotion of health. There are backward communities in every State, and the knowledge and practice of many groups and individuals in communities in which knowledge and practice are supposedly most advanced fall far below any standard which should be admitted as a minimum for the nation as a whole.

A short time ago on a rainy day I took a crowded suburban car to go into the country. Even on the rear platform men and women were standing in a closely huddled group. A baby who became burdensome to carry was laid upon the platform floor by its mother. It was quiet and apparently comfortable on the floor, but over it hung the wet and dirty skirt edges of the group of women among whom its mother stood. These women were in a free country and free to crowd on to the car until its capacity refused to contain another human being; they were also free to place a baby on the floor, their personal liberty being free from interference. But how about the liberty of the baby who, later, might expiate with great and unnecessary suffering the freedom of action so liberally vouchsafed to those who should have been obliged to safeguard its interests? Should this baby's rights have been set aside simply because it was small, feeble and unable to voice its claim to humane and intelligent treatment? Surely no such crowding or lawless procedure would be possible in a country where the consideration of human health and protection had been made a matter of national concern.

I. W. L.

NATIONAL CELEBRATIONS

At the time of the two popular celebrations in this country of the armistice with Germany many of us who were interested in the allied subjects of public health and morals were amazed and dismayed at the manner in which our populations were abandoned to their own mass impulses on these memorable occasions.

For weeks we had known that such an armistice was within measurable distance of achievement, yet it seems apparent that no responsible committees were at work anywhere to plan ways and means of giving beauty, dignity and fitting opportunity to the overwhelming desire on the part of all people to "celebrate."

A Democracy's sins are largely those of omission, and for sins of this category, the confession notwithstanding, there is large and easy tolerance. It is difficult, indeed, to lodge a general accusation against people for not performing just and reasonable acts, although it is exceedingly easy to accuse the doer of deeds which are actively and, above all, obviously committed against the well-being of his fellow men.

In one of the great cities of the Middle West, at the time of the signing of the "second armistice," all public institutions happened to be under a closure ban on account of the influenza epidemic and, therefore, the situation was singularly complicated. Early in the morning the employees of local manufacturing plants seized factory trucks, with and without the permission of their employers, and, according to themselves a holiday, they loaded these trucks with other men, women and children and rushed up and down through the chill November air all day long and well into the night. Many, or rather most of them were, of course, insufficiently clad for such protracted exposure to the wind and chill of a November day. Noise, motion, the intoxication of excitement and alcohol held unchecked sway in the streets of this city for eighteen or twenty hours. The following days revealed to those of us who work in the homes the disorder and sickness caused by this undirected and unprepared for demonstration. The desire of the people was right and natural—they experienced a great sense of liberation which should have been anticipated and for which preparations should have been made. In spite of, or rather because of the terrible ravages of influenza the institutions of the city, which had been closed, should have been ready to play their part in this historic occasion. Games, music, pageants, church ceremonies could have made of the event one to live as something to be held in honorable remembrance by the hundreds of thousands of participants throughout this country.

The question now before us is: Are we preparing any fitting mould into which to run our popular enthusiasm when the Great Peace is finally signed, or will we again leave it to that kind of special providence which is supposed to look after drunken men and children?

Printed among the *Notes from the Field* in this number of THE PUBLIC HEALTH NURSE will be found an account of the preparation being made in England for the celebration of Peace Day. Having bitterly deplored, from the standpoint of public health nursing, the aftermath of sickness and disorder in the home after the celebrations in this country of the signing of the armistice, and having upon these occasions expressed a longing for the creation of the very agencies which an older country has now set in motion for the promotion of public dignity on this coming public occasion, we commend to the careful consideration of our readers this published excerpt from the *London Times*.

I. W. L.

RANK FOR ARMY NURSES

Miss Elizabeth Folckemer, who has served for nearly two years with the British Expeditionary Force in France, as member and, later, Chief Nurse of the Lakeside Unit (Base Hospital No. 4), draws the following very clear distinction between the relative positions of nurses serving with the English army and with the United States army:

"The English Army Nurse Corps requires first, social position; then a very excellent nurse's training. The first requisite gives her authority to command, because of the old customs of England, if for no other reason.

"The English army has always recognized the orders of the nurse as next to those of the officer, and the English "Tommy" never questions her right. This custom, so long in use, has established a position for the nurse, hence she does not need rank.

"A British officer would never make rounds with a sergeant, as is done in our American hospitals.

"The discipline of our army, as of most others, is maintained by rank. As the custom of our army has always been to minimize the authority of the nurse, as she is today she can not get into a position where her orders will be fully recognized, except through rank. She now depends more or less on her personality to get discipline, which tends to break the morale of the soldier working for her, unless she is a woman of very strong character. Also, it takes a certain amount of strength, which should be expended in performing her duties as a nurse.

"An enlisted man does not obey an officer because he admires him, but because he is an officer; the nurse, as a usual thing, is obeyed because she is liked. A nurse may be very capable in performing a nurse's duties, but unable to get discipline, because of her personality. The army cannot expect efficient work from a nurse when placed in a position of this kind."

The National Committee to Secure Rank for Nurses is planning to introduce a bill early in the extra session similar to the Lewis-Raker bill to confer Relative Rank on Army Nurses, which was introduced in the Senate and in the House of Representatives in the last Congress and referred by both chambers to the Committee on Military Affairs. In the congestion of legislation at the last session, neither Military Affairs Committee reported this bill. The American nurse *needs* rank in order to be able to perform her duties in the

most effective way; it is a matter which affects the lives and welfare of our own American soldiers—it is, therefore, a matter of concern to each one of us, nurse or layman, that the bill to secure rank for nurses should be passed.

RED CROSS SCHOLARSHIPS

There seems to be a misunderstanding in the minds of some nurses in regard to the scholarships which have been offered by the Red Cross. These scholarships, though primarily intended for nurses who have been in military service, are open also to other nurses, if they meet the general requirements.

Many nurses remained at their posts at home, when they would have preferred to enter military service, either as a patriotic duty and in response to the direct appeal which was made to them to do so; or because it was quite impossible for them, on account of personal reasons, to enter the army; yet they were able to engage in an active measure of war work. It should be clearly understood, therefore, that the Red Cross scholarships are open to all nurses who have really been engaged in patriotic service.

On the other hand, it should also be understood that the primary purpose of these scholarships is to increase the number of Public Health Nurses, rather than to better the quality of those who are already in the field; consequently the preference will be given to those who have not been in public health work before. The Red Cross has decided, however, that this should not be a rigid rule, and that if a nurse should apply who had done good work in the field and who would be greatly benefited by one of the short courses—a summer course of six weeks, for instance—her application would be given due consideration.

The announcement in regard to the Red Cross scholarships is as follows:

> The scholarships are open to enrolled Red Cross nurses or those eligible for enrollment who desire to avail themselves of one of the post graduate courses which are now being offered to registered nurses.
>
> The scholarships are mainly intended for nurses who are being released from war service, but other nurses who meet the general requirements are also eligible.
>
> The Red Cross has both a loan and a scholarship fund. A maximum

scholarship of $300 may be granted for a four months' course, and a maximum of $600 for an eight months' course. The maximum *loan* is $350. The loans are awarded for the purpose of educating only the nurses who are to work under the Red Cross Bureau of Public Health Nursing Service.

One-quarter of the scholarship fund was appropriated for nurses to prepare themselves for service under the Red Cross Bureau of Public Health Nursing, and the nurses who receive these scholarships must promise to accept for one year an appointment in the Red Cross Public Health Nursing Service.

Three-quarters of the scholarship fund was appropriated for nurses to prepare themselves for a public health nursing service under state, municipal or private organizations, and they must promise to accept an appointment for at least one year's service with one of these organizations.

Before a scholarship is assigned to a nurse she must have been accepted by the Director of the Public Health Nursing Course which she wishes to take.

SHOULD MIDWIVES BE SUPERVISED BY THE STATE?

BY FLORENCE S. WRIGHT

Supervisor of Midwifery, New Jersey State Department of Health

In order to answer this question we will describe one neighborhood in New Jersey where midwives are doing their best and their worst. This community is by no means typical of localities where midwives work and is only mentioned to point out the need of work for Child Hygiene, to illustrate conditions often encountered by midwives and to show how one well trained midwife has already begun "social work" by getting the mothers to save money and to prepare for their confinements. There are many prosperous, clean neighborhoods where midwives practice and there are many types of midwives other than the three described.

A thickly populated little tangle of twisted, unpaved, unkempt streets littered with tin cans and other refuse, water standing in pools in the street, after nearly a week of dry weather.

Houses:—Two to three story tenements; two to four families on a floor.

Toilets:—One, or at most two, dark water-closets for each house on one street; on another street the backyards are nearly filled with open old fashioned toilets, the outdoor ones being the less repulsive, as the dark, dirty inside toilets make their presence known as soon as the front door is open. Water stands in the cellars much of the time, and the atmosphere in the homes has a heavy dankness indescribable. Wherever there is a corner, not otherwise occupied in front or rear yards, there seems to be live stock;—chickens, pigeons, rabbits, a litter of pigs and a duck were seen.

Residents:—A few Slavs and Poles, two or three Italian families and many families of American birth of American, Irish or English parentage. A full survey was not made but the family incomes seem to be above the poverty line, even though the domestic economy of the women leaves much to be desired. Many children show the results of infantile paralysis; three babies in one block were suffering from pneumonia and the women told the usual story of sick babies last summer.

Social Agencies:—Three or more saloons.

Obstetrical Care:—Inquiry shows that while there is no resident midwife, probably 90 per cent of the babies in this region are delivered by licensed midwives who come from surrounding

neighborhoods or even from a neighboring county; by an unlicensed midwife who does not register births, and by an unlicensed midwife who is said to call a physician to fill out the birth reports. The unlicensed midwives need not concern us too much; those who are trained can be licensed if they meet the legal requirements. The licensed, trained midwives will, as soon as they know they have some backing, assist in putting the untrained, ignorant women out of business. There are many types of licensed midwives, three of which will be described.

First:—

A widow whose home is in the next county. She has no children. There is a male boarder who is not her husband.

Home:—

Three filthy rooms. Chickens running about on the floor. No sheets on the bed. A dark grey washing of once white clothes hanging on the line.

Person:—

Dirty. Hair untidy and dirty. Nails black, although laundry work had just been done.

Equipment:—

One pair of scissors and one bottle of Lysol.
Registered in one county—practices in three counties.
European training.

Practice:—

Delivers about 150 cases a year.

Estimate of Woman:—

Has forgotten much, if she was ever well trained. It is doubtful if she can overcome her dirty habits. She says she is willing to learn and her practice in all three counties should be watched with a view to improving her work, if possible, but observation of her work will probably reveal the necessity of having her license revoked.

Second:—

Married. Three children, 14, 18 and 25. Husband does not work, although he does not claim to be sick. One year of training in New York in 1890. Registered in two counties. Practices in two counties and in a neighboring State. Delivers about 500 cases a year.

Home:—

Clean. Hands and nails clean. Wears a wool dress when on a case, no apron.

Equipment:—

Silver nitrate, scissors, Lysol, pituitrin, quinine, Hoffman's anodyne and sweet spirits of nitre.

Estimate of Woman:—

Old fashioned in her work. Clean, conscientious, anxious to obey the law,

which she claims not to have understood. Gave the names of physicians who had taught her to use medicines contrary to the law. Supervision and instruction may improve her methods and teach her to observe the law.

Third:—

Widow. Two sons, 16 and 21.

Training:—

Two years in an excellent school.

Home:—

Clean.

Person:—

Clean. Wears fresh white dresses and aprons while at work.

Equipment:—

Complete, clean and in good order, consisting of a clean, whole leather bag of good quality containing a clean white apron and cap for use at a delivery, a pair of bright clean scissors, silver nitrate solution and dropper for the baby's eyes, an orange wood stick, nail brush, bottle of liquid green soap and Lysol, sterile tape, small squares of sterile gauze and sterile cotton, boric acid, sterile olive oil and ergot, together with an enema can, three freshly ironed towels, and a thermometer. All articles were wrapped in clean, white covers.

Practice:—

Growing at the expense of that of the unlicensed midwives. Midwife states that she cannot give proper care if she averages more than four deliveries a week. She does not like to take a case unless the woman has previously engaged her. Charges $15.00 for delivery and 10 days' care. Calls twice a day for two or three days. In the locality described, she will take her pay in weekly installments before the confinement. She does this at the request of the women, who say it is the only way they can save money. This midwife visits her patient's home before confinement to see if there is a clean bed, clean sheets and baby clothes and that the house is in as good condition as possible.

Estimate of Woman:—

Interested in her work and in the social condition of her patients. Her good training makes her quick in calling a doctor when one is needed. The fact that she sees the necessity of limiting the amount of work she does shows her anxiety to give good care. She welcomes supervision and will be helped by it to keep up her standard of work in spite of discouragements. Her opportunities for coöperating with those interested in Child Welfare are great and she has the intelligence and the willingness to take advantage of them as soon as they are pointed out to her.

Midwives practising in New Jersey are licensed after examination by the State Board of Medical Examiners. Heretofore there has been no supervision and the State takes no cognizance of their existence unless they are discovered to have performed a criminal act or unless they neglect to report a birth.

We believe in constructive work. Once the State has licensed a midwife it cannot relinquish all responsibility. State Supervision of Midwives is necessary.

SUPERVISION OF MIDWIFERY IN NEW JERSEY

Midwives in New Jersey have been licensed by the State Board of Medical Examiners since 1892, at which time midwives then practising, trained and untrained, were licensed under a waiver. In 1910 the law was amended and the requirements for a license were increased. Since 1910 midwives have been required to submit evidence showing training covering a period of two years and have been examined by the State Board of Medical Examiners, before being granted a license.

After being licensed by the State, no cognizance was formerly taken of the midwife's existence unless she were proven to be persistently inebriate, to practice abortion or to have committed a crime involving moral turpitude. The law also provides that a midwife's license may be revoked if she is shown to have presented a certificate or diploma for registration or license illegally obtained, to have applied for examination under fraudulent representation, or if detected in neglecting to make proper birth returns, or in neglecting to report puerperal, contagious or infectious disease, or for failure to secure the attendance of a physician in abnormal obstetrical conditions; but no effort has been made to enforce the law.

Since 1892, 911 licenses have been granted for the practice of midwifery, but it is not known where these women are, whether they are dead, whether they have moved out of the State or whether they have changed their names. Neither is it known how much of their early training (if they were trained) they have forgotten or see fit to neglect.

In January, 1919, the Bureau of Child Hygiene of the State Department of Health, with Dr. Julius Levy as Consultant and Supervising Expert, began an investigation of the midwifery situation of the State. The whereabouts of the midwives is being discovered and yielding valuable information as to their personal qualities and professional ability.

As the survey progresses it is planned to place in the districts where midwives are practising, Supervisors of Midwifery whose duties will be to become acquainted with the midwives and their patients, to know the conditions under which midwives must work, to form practical standards for the practice of midwifery, and to

instruct the midwives where instruction is desirable. The Supervisors will also coördinate their work and, so far as possible, the work of the midwives in the homes of their patients with any prenatal or Child Welfare agencies which exist or which may, in the future, be developed. By this means it is hoped:—

First:—To improve the practice of midwifery by the instruction of all midwives capable of being instructed, by enforcing the law, especially that section requiring that a physician be summoned in abnormal cases, and by encouraging and recognizing good work when it is discovered.

Second:—To so instruct the midwives that they will be able intelligently to continue for their patients, with the help of the District Supervisor of Midwifery, the work already begun in the prenatal clinics, and to enable them to teach the mothers they attend the proper care of their babies, so that there will be no time during the prenatal or lying-in period when the mother is without a competent advisor, even though she must depend upon a midwife for care at the time of her confinement.

The preliminary survey already reveals encouraging features which makes this seem a very possible ideal. While many midwives *are* dirty, ignorant and careless, others *are clean, trained and careful.* Many more are honest women, anxious to learn. It is true that the business attracts unscrupulous persons who must be eliminated before midwives are respected in the community and who should be eliminated as speedily as possible for the welfare of the public generally.

State supervision of midwives was begun in New Jersey in January. A preliminary survey has been made in Mercer, Essex and Hudson Counties. Of eighteen midwives in Mercer County it has been recommended that two have their licenses revoked. In Hudson County it has been recommended that eight have their licenses revoked. Unlicensed midwives are practising in both counties. One unlicensed midwife has been reporting from six to fourteen births weekly for fourteen years. In Essex County, where the midwives practising in Newark have been supervised for several years, conditions were found to be much better than in Mercer and Hudson Counties. No unlicensed midwives were discovered in Newark, but unlicensed women were found in other towns of Essex County.

It has been asked if local supervision is not sufficient. With local supervision there would either be much duplication of work or large neglected areas. It is impossible to confine the practice of

a midwife licensed by the State to any one locality in the State. A midwife may and does practice in as many as thirteen towns and three counties. In Essex County, where supervision controls midwifery practice in Newark, it was found that midwives employed an inferior grade of practice outside of Newark to that required by the regulations in Newark.

The number of practising midwives in New Jersey is not yet known, but we do know that in cities midwives attend more than half the births. In one city about sixty-five per cent, and in one small neighborhood about ninety per cent of the births are attended by midwives. In 1917 there were 75,287 births reported in New Jersey. Probably more than 40,000 reported and unreported births were attended by others than physicians. The good midwife becomes the friendly counselor of her patient. She often sees the mother several times before confinement. She goes to the home daily for about an hour for nine or ten days after confinement. If we eliminate the untrained midwives and supervise the work of the trained attendants of these 40,000 women, so that the midwife becomes the connecting link between the prenatal clinic and the baby welfare stations; if we can help the midwives to get for their patients good prenatal care, teach them to give better obstetrical care, and get them to teach the mothers to care for their babies as the baby welfare nurses teach; if we do this throughout the State the co-operation of the midwives will mean as much to the welfare of our babies as the employment of several hundred additional nurses.

As soon as the new appropriation is available we expect to place district supervisors of midwifery throughout the State, whose duties will be to supervise and instruct the midwives, to study the prenatal and obstetrical care of the mothers and to arrange co-operation with the prenatal clinics and baby welfare stations.

COURSE IN METHODS OF TEACHING FOR SCHOOL NURSES

BY GEORGE E. CARROTHERS
Asst. Dean, Cleveland School of Education

The following is a brief outline and explanation of the purpose, scope and content of a course given during the year 1918-19 to about 25 Cleveland school nurses.

This course was planned to serve a three-fold purpose—to assist school nurses in becoming acquainted with and understanding the class room teacher's point of view in education; to help teachers to understand and appreciate the importance of the work of school nurses; and specially was the course designed to train school nurses in the use of better methods in their own work. A fourth problem arose as the class proceeded, viz: the answering of questions and assisting in the solving of particular difficulties which arose from day to day in the work of the school nurse.

We are rapidly approaching a day of specialization. The time was when a student took a whole college course, as is done today in a small academic high school which has but four subjects in each of the four years' work. After the years in college, each graduate who survived went on into his chosen profession, usually that of the ministry. The one course of study was expected to train men for all vocations. Today specialization has gone so far that it is said some colleges have as many as two thousand courses listed, each dealing with a particular field, or part of a field, of education. One of the fields with its own body of information is that of the preparation for school nursing. So much necessary information relating directly to the work of nursing must be crowded into the period of training that an abnormal emphasis may possibly be placed upon the importance of caring for the physical welfare of children. The desire to see children physically well becomes the one dominating desire of the nurse, and this at times keeps her from realizing the importance of the work the class room teacher is doing. Through a course in methods of teaching especially adapted to suit the needs of school nurses, the nurse comes to a clearer understanding of the serious nature of the work the class room teacher is undertaking.

Teachers of the regular academic subjects in any well-organized school know that their work already has a good standing among members of the profession, and people generally. A certain dignified honor has come to be attached to the teaching of the

traditional subjects. Have not Latin and mathematics been the great disciplinarians of the mental faculties for ages past, and would any modern school-ma'am dare encroach on the amount of time allotted and considered necessary for this teaching? Yes, such encroachment is found and is considered necessary. Education is no longer for the privileged few but is today the right of every one and is to be had at public expense. With pupils thrown together in such large numbers, from all conditions of city life, for so many hours a day, the question of health becomes quite as important as the mastery of certain pages of history or Greek. The importance of the health-work must be appreciated by the principal of the school and academic teachers and must not be thought to occupy a secondary place in any serious modern educational program. This course in methods was so planned and conducted that it was hoped it would assist the regular teachers in understanding and appreciating the very important work now being done by school nurses, and bring about a closer co-operation in these two phases of school work.

The third and primary purpose of the course was to teach better methods of work to school nurses. The way in which a well-trained teacher of today proceeds with the instruction of pupils is quite different from that employed a few years ago. Old methods have been discarded and new methods have come into use. The flail and cradle were very serviceable and were widely used in agriculture a few years ago. Today the farmer who does not use the modern self-binder or header, the gang plow or tractor, or employ other modern machinery and methods of farming is soon lost in the race. Antiquated methods in education are somewhat less easily discernible, yet none the less deadening than obsolete methods of tilling the soil. Some school nurses may, in fact many have been teachers before becoming nurses, but teaching has moved forward while they were taking their training for nurses and since they have left the training school. They know the school problems confronting them, they know what the girls and boys ought to be taught in the matter of health control, but they frequently do not know the best scientific, economical methods to employ in presenting their subject matter. It would seem well, then, that special courses in methods be organized for nurses, and several schools have already established such courses.

To be somewhat more specific in regard to the methods under discussion, the subject of habit formation is one of vital importance in the work of a school nurse. Many persons dealing

with children frequently know what habits they ought to have in order to be social rather than unsocial beings in a civilized and socialized community. Instead of dealing in a direct positive way with the children the natural tendency seems to be to think of discipline in negative terms. The story of the mother who said to an older boy, "Go see what Johnnie is doing and tell him to stop," is all too familiar. Or the other boy who, when asked his name, replied "Johnnie Don't." Or, the many other instances where children are so neglected that they drift into habits of the wrong sort. It is necessary that very early certain definite, useful habits be fixed in the child's every day life if these habits are to carry over and be a real asset in later life. Not only must right habits be chosen, but these must be rightly and permanently established. In order that time be not consumed in this work which ought to be given to other school activities and that pupils be taught to do all their work in economical ways, it is necessary that the best known methods of habit formation be studied and employed. Psychologists have studied the growing child and have been able to discover and formulate definitely helpful suggestions and plans for economical formation of useful habits. A study and discussion of these methods of habit formation is of vital importance not only to class room teachers but to nurses, parents and all others having to do with the training of growing children.

Some of the other topics taken up for discussion and treated from the point of view of the nurse who must deal with and handle children are:

1. A study of the original nature of children, their instincts and capacities, and ways in which desirable and instinctive tendencies may be used and developed.

2. A study of individual differences of children and the significance of some differences for teachers, doctors, nurses, etc.

3. The relation of good health, physical vigor and energy to the quality and quantity of work done by pupils in school and a study of the best ways and means of getting pupils to develop for themselves physically strong, healthy bodies.

4. A study of the importance of interest in school work together with how best to arouse and cultivate right sorts of interest.

That the Course has met a real need is shown by the fact that, by request, a similar one is to be given during the six weeks

of the Summer Session, Cleveland School of Education, and between 50 and 60 inquiries have been received already in regard to this course.

THE NEED FOR A NATIONAL STANDARD OF HEALTH

BY M. JOSEPHINE SMITH

Of the many lessons which the Great War has taught us, one of the most important is the realization of the tremendous driving power which lies behind public opinion and public exertion when once it is thoroughly aroused to the perception of an object which it really wishes to attain. Time after time, in community after community and State after State, until the recital has become almost monotonous and the results a foregone conclusion, we have found money raised for Liberty Bonds, or for the Red Cross or for the help of our allies, in sums so huge that a few years ago they would hardly have entered into the wildest dreams of our greatest financiers and philanthropists; again and again we have seen the seemingly impossible achieved with a smile and a grit of the teeth; and we have watched a free people submit cheerfully to curtailments of their personal liberty which, before the war, would have seemed incredible.

We know that these achievements have been the result of a national realization of a national need, and a national will to attain a certain object; but we know also that such a realization was not brought about without great and ceaseless effort on the part of those who first saw the need, to educate and convince those who, from lack of opportunity or less quickness of perception, were less prompt in adding their weight to achieve the united pressure of the nation as a whole.

Perhaps one of the greatest dangers in a Democracy lies in the fact that the people, believing their freedom and self-government to be assured and knowing that they have themselves helped in the appointment of those who are to be the responsible executives of the people's will, are very liable to permit their active interest to end there, and to leave those executives, once appointed, to bear the full burden of government alone. Yet we know that a large majority of these same people would never propose to carry on their own personal business interests in any such way and that they would be very keenly alive to the fact that, did they do so, that

same business would be very likely to fail just in proportion to their own neglect.

The war has led to a stock-taking, as it were, of our various assets and liabilities as a nation; and while we have been gratified to find some very substantial assets on one side of the ledger, we are also startled to find some unsuspectedly large debits on the other. One of the largest of these debits and one of the least suspected, perhaps, except by the few who had been making it their business to find out the true condition of affairs, is the physical disqualification of a very large proportion of the young manhood of the nation—that very strata of society in which we look for health and strength to carry on the great traditions of a great people.

This is a clarion call to the nation; but, like the call to the other Great War, it must be backed up by strong and unceasing effort on the part of those who have already realized the intensity and deadliness of the struggle, to make others see the danger and accept their full share of the responsibility of meeting it. And in order that those who do appreciate the situation may be able to bring it vividly before those who are still unaroused, they must themselves study most carefully the facts in regard to their own communities, to their own states, to their own nation, and to other nations as well, in order that they may be able to demonstrate how each community stands in relation to its neighbors, and to stimulate a rivalry which has for its object the saving of human lives.

In almost every community there has been formed during the war at least one group of people and often more than one whose energies have been enlisted in the fight to win the war. Is the enthusiasm of these workers to be allowed to die out gradually as the acute war-time needs disappear, or shall they be utilized in new fields of endeavor? The answer to this question will depend very largely upon the ability of the few who *know* to convince the many that there are other adventures just as great and thrilling as that of war; other wounds just as pitiful as those of the casualty clearing stations and the devastated towns of Europe to win their sympathy. And, *once convinced*, our people are not likely to neglect the need.

A few months ago (Nov. 30, 1918) there appeared in *The Survey* an article entitled "A House in the Rue St. Antoine," in which the writer, Paul West, drew a tragic picture of conditions existing amongst the civilian population of Marseille, and especially amongst the children. "For three years," he wrote, "with little medical advice for civilians, charity strained to the breaking point

by the war's demands on money, many of the people were in a deplorable condition. Sickness among the children was increasing and the birth-rate, which had been low before the war, was of course much lower now, while the figures of infant mortality occasioned much concern."

The Rue St. Antoine, on which was situated "the house of 102 children, 65 adults, 2 cows and only eleven windows," was described as not more than seven feet wide, its houses five stories high, and its water supply "a fountain at the intersection of the Rue St. Antoine and another street that comes down it with stone steps from the top of the hill. From this fountain, where the denizens of the district fill their ewers and urns (if they are French or Italian), or their goat-skin bags (if they are Algerians or Turks,) flows the only clean water in the neighborhood. It comes down into the gully in the middle of the Rue St. Antoine, to mingle with other water flung from the houses or simply allowed to run down the winding stone stairways to carry off the garbage. It runs sluggishly, collecting the offal in little gummy pools, through which the children slop their way. And the pavement is an inch deep elsewhere with the coagulated, rotting vegetable rinds and pods, old rags, pieces of bottles—anything, everything cast out of the houses along the street."

The Prefet of the Department in which Marseille is situated drew a vivid picture of the causes which led to these terrible conditions—"a country in the throes of a death struggle with a brutal enemy for four long years—so many of its men killed that the fields could not be tilled nor the vineyards and olive groves cared for—resources at a low ebb and every energy bent to driving the enemy out of the land—the women and children suffering from poverty and privation—driven back, as it were, into ignorance, or at least carelessness, the carelessness of sorrow and despair." And then he spoke of the children—"how the necessity for saving them can be underestimated by anyone, American, Frenchman, who loves his country, it is impossible to conceive. Need? The figures for the birth-rate and death-rate among the children of Marseille for the last six years express that need eloquently, pathetically."

And here are the figures:

In 1912, two years before the war, there were born in Marseille, 10,816 children, a fair birth-rate for a city of 500,000. Of these, 1,233 died under one year, at the rate of 114 per 1,000. In 1913 the births were 10,724, the deaths 1,657—rate 155 per 1,000. In 1914 Marseille had seen the danger and was trying to improve conditions. The birth-rate was about the same, 10,480; the deaths

dropped to 1,355—129 per thousand. And then came the war with its lack of food, the country's energies bent solely on the struggle to drive out the invaders. And here are the figures for the next three years:

	Births.	Deaths under 1 yr.	Rate.
1915	8,071	1,210	150
1916	6,623	1,036	157
1917	6,918	1,194	173

It was this condition the American Red Cross has tried to meet. It is meeting it in other parts of France as well as in Marseille, a condition bad in a lesser degree but still an alarming one, and will continue to do so till it has done all in its power to help France save her children.

The story told by Paul West is, indeed, a tragic one, and one which touches American hearts and makes us more than ever anxious to do all in our power to help to save the little ones of France.

But now let us turn to another picture and to a story almost equally terrible, but without the excuse of the devastations of war to account for it. According to the Statistical Report of Infant Mortality published by the New York Milk Committee, in the year 1916 eleven cities in the United States reported an infant mortality rate of over 150—in three of the cities the rate was over 180 and in one case it reached 246. The figures for 1917 show seven cities with a rate of oved 150, one of them having a rate of over 180. These conditions are not reported from inaccessible communities where the awakening of a public conscience would naturally be a slow process, and the difficulty of obtaining medical and nursing help might well be a factor in the case; they are found in cities of over 25,000 population, some of them in our most enlightened States, such as Massachusetts and Ohio. In Massachusetts, for example, we find two cities, the one with an infant mortality rate of 181.6, the other with a rate of 32.2.

We know, of course, that a similar condition exists in regard to the various wards even of one city. According to a field study in Johnstown, Pa., made by the Children's Bureau in 1913, the highest infant mortality rate for any ward of the city was 271, while the lowest was 50; and we do not need to be told that amongst the chief causes of these extreme differences we shall find the most fruitful to be the line drawn between knowledge and ignorance, comfort and poverty, good and bad milk supplies, good and bad housing, proper and improper sanitation.

Figures for the State of Ohio from 1911 to 1915, inclusive, show that although children under 5 constituted only ten per cent of the total population, they contributed from 20 per cent to 23 per

cent of the deaths; and children under 1, constituting 2 per cent of the population, contributed from 15 per cent to 16 per cent of the deaths.*

If, as Newsholme says, "infant mortality rate is the most sensitive index we possess of social welfare, because if babies were well born and well cared for their mortality would be negligible," what are we to think of such figures as these?

Dr. (now Sir George) Newman, in his Report as Chief Medical Officer of the Board of Education, England, for 1916, said: "It would be difficult to over-estimate the volume of national inefficiency, of unfitness and suffering, of unnecessary expenditure, and of industrial unrest and unemployability to which this country (England) consents because of its relative failure to rear and to educate a healthy, virile and well-equipped race of children and young people. There is no investment comparable to this, no national economy so fundamental; there is also no waste so irretrievable as that of a nation which is careless of its rising generation."

The great difficulty is to arouse people to the realization that such terrible conditions do exist in their own midst and that every individual who permits them to remain without making such effort as he may be able to remove them is personally responsible for them and, with his fellow citizens, will inevitably suffer from the evils which they produce. Let some great calamity arise, either at home or thousands of miles away, and an appeal for help is met with eager generosity; but the realization of steadily existing evils, however terrible, and even at our own doors, is much more difficult to bring about. The human mind responds promptly to the appeal of the unusual, but it is apt to remain quiescent and unresponsive to that to which it has become more or less accustomed.

The appeal of the American Red Cross for workers and money to help the wounded of the war and the diseased and suffering civilian populations of our allies has met with a response of which we all have a right to feel proud; this ought we to have done, surely, and it has been made possible because our people not only as individuals, but as communities, as states, as a nation, have *realized the need*. Perhaps Public Health Nurses more than any other group of people realize the need at home—that is why they are able to sacrifice themselves with a completeness of devotion equal to that of any nurse behind the battle front to the cause

*Preliminary statement by Ohio Health and Old Age Insurance Commission.

which they have in hand. But for a few to realize it is not enough, however devoted those few may be; this is a cause in which the whole country has part—it is a warfare as real and as deadly and as dependent for success upon the united efforts of all the people as has been that other warfare in Europe.

During these last few months, when the influenza epidemic has been taking heavy toll of our people in nearly every city and state and in many far-separated countries, it has been forced upon our consciousness yet again that no city, state or nation can exist independently of its neighbors. More and more we are coming to know that health is a matter of national concern and should be cared for as are other matters of similar important and universal application, through national, state and municipal channels. Such channels are already in existence; the trouble is that we do not use them as we should, but instead we constantly turn aside to try to provide new machinery to carry on the work which, in a democratic country, can only reach its fullest development through thoroughly democratic machinery. That this machinery, as already existing, is often very imperfect we all know; but it is the machinery provided by the people themselves and it is in their hands to alter and improve it according to their will. Only, in order that they may have that will and use it in the right way they must be taught to realize the facts for themselves; to know what it is that they need and how to meet and safeguard that need. This is where the responsibility of the individual, and especially of the trained individual is so grave; and it is a responsibility which very many of us are too prone to overlook. If only everyone who *knows* a truth would convince just one other person of that truth how very soon the whole world would be converted to wisdom! Some of us have the opportunity to reach many people, and some of us can reach, perhaps, only the one; but whether our opportunity is great or small really matters very little so long as we each one make the most of it.

VARIED HEALTH PROBLEMS OF OUR MANY STATES*

NEW MEXICO

New Mexico in the Past

The State of New Mexico has been governed in health matters until just recently by provisions drawn up during Territorial days, no State laws having been passed by the legislature since the State entered the Union. According to the old existing provisions each of the 28 counties is required to have a health officer, and there is also a State Board of Health, but the activity of the latter has been limited to the licensing of candidates to practice medicine, because, although other powers and duties were specified by law, no funds have ever been provided for any other activity, except during 1918, when, through the State Council of Defense, certain funds became available to combat venereal diseases, as a war measure.

An Awakening to Conditions.

For some time past there has been a growing realization in the State that new conditions must be brought about in regard to the protection of public health and to meet the many difficult problems created by the peculiar constitution of its population.

Towards the latter part of 1918, the United States Public Health Service, at the request of ex-Governor W. E. Lindsey, loaned Surgeon G. W. Kerr to make a survey of sanitary organization and administration in New Mexico, and shortly afterwards a report was published, in which were outlined the various factors affecting public health conditions, the existing machinery for public health administration, and a number of recommendations for the more adequate protection of the people in regard to health matters.

The facts and conditions as given in this report convey a very clear and vivid picture, and may be summarized as follows:†

With an area of 122,580 square miles, New Mexico is the fourth largest State in the Union. It is embraced in the Southwestern Plateau and forms the international boundary between Mexico and the United States for a distance of approximately 130 miles. Topographically it is divisible into three general areas, extending north

*Previous articles under this heading appeared in January and April, 1918.

†"Public Health Administration in New Mexico," by J. W. Kerr, Surgeon, United States Public Health Service. Reprint No. 490 from the Public Health Reports.

and south; the eastern one forms part of the Staked Plain, the middle one comprises the valley of the Rio Grande with broken mountain ranges on either side, and the western one consists of high table land, forming part of the Continental Divide. Over its greater area the elevation is very high; that is, from 4,000 to 11,000 feet, with mountain peaks here and there 12,000 feet and over. The elevation in the southern portion of the Pecos Valley, however, is as low as 3,000 feet.

According to the census, the population in 1910 was 327,301. In 1915 it was estimated at 430,950. About 57 per cent are Spanish-American and Mexican, 3 per cent Indian, and the rest Anglo-Americans, with a sprinkling of Negroes. The Indians are located, for the most part, on reservations or in schools under the jurisdiction of the Federal Government.

By reason of differences in origin, economic status, and habits of life, these elements of the population variously affect public health problems. Probably 60 per cent of all the inhabitants, except Spanish-Americans and Indians, are there or came there originally for the health of some member of their family. The Spanish-American element suffers increasingly from tuberculosis, and the Indian is extremely prone both to tuberculosis and tracoma. Overcrowding and unhygienic habits adversely affect both Mexicans and Indians, while economic factors affect many of the whites who come to the Southwest in search of health.

The powers and duties of the State Board of Health, as specified by law, include regulations respecting nuisances, sources of filth, causes of sickness; quarantining of persons dangerous to the public health; prevention of the spread of infectious diseases; provision for vaccination; and licensing of candidates to practice medicine. The essential activity of the board has been the licensing of medical practitioners, and no funds have ever been provided for any other activity, with the exception of funds made available through the State Council of Defense to combat venereal disease as a war measure. In consequence, regulations were issued in March 1918, by the board, in regard to venereal diseases, the closing of houses of prostitution, etc. No other regulations have ever been issued by the board under its authority, nor have investigations of nuisances, sources of filth or causes of sickness been undertaken except in rare instances, as there were no funds with which to do so. In these instances it was necessary for the member concerned to bear his own expenses.

County commissioners are required to contract with some reputable physician to act as county health officer; in one or two counties health nurses have also been employed. In general the activities of county health officers relate to the handling of communicable diseases and the vaccination of school children. In addition some supervision over the sanitation of schools is undertaken here and there and some attention paid to nuisances. The activities of the nurses are mainly educational in relation to communicable diseases and their control.

In most of the cities and towns visited the public health activities undertaken are decidedly limited, due to the most part to lack of facilities and absence of co-ordinated effort on the part of the state and local officials. In certain places excellent work was being done along restricted lines and in one or two, satisfactory records were being kept of limited activities, but in others little was being accomplished.

In considering contemplated state activities it is essential to bear in mind that New Mexico is a frontier state of vast area and has a sparse though mixed population, some of whom are under the jurisdiction of the Federal Government; among its most important industries are the transcontinental railways, and its climate invites invalids in large number from other states. In consequence special health problems are likely to be met as follows: Migration of the tuberculous; introduction of smallpox and typhus fever from over the border; silicosis and hookworm disease among the miners; rabies and spotted fever among cattlemen; typhoid and Malta fever among herders; and spread of trachoma from among the Indians.

The communicable diseases are not adequately reported to any local health office visited, nor properly recorded, and the state board of health has no records of cases or outbreaks of any kind. The recording of births and deaths is also most defective. Again it is found that the state board of health has no records whatever, and the city and county clerks' records are practically worthless for statistical purposes except in one or two cities. Only one-fifth as many births and one-twelfth as many deaths were recorded as should have been in the county in which is located the capital of the state, assuming a normal birth and death rate. In Albuquerque, the largest city, only one birth in 1917 was reported to the city authorities by a midwife out of all the number that must have been attended in this manner. Here again, a state law

though defective, provides for these statistics. Failure of enforcement of the provisions is due to lack of efficient organization and funds.

At the time of the survey outbreaks of influenza and typhoid fever were reported to be widely prevalent. It is entirely practicable to control outbreaks of the latter disease, and some control agency should be available to investigate or supervise investigations of all such outbreaks of these and other diseases. Counting doctors' and nurses' fees, board while sick, loss of wages, and other expenses, it is estimated every case of typhoid costs somebody on an average $600.00. The control of this and other diseases, therefore, becomes a business proposition.

As a means to prevent sickness, state laws have been enacted relating to the prevention of pollution of watercourses, sale of unwholesome food or drink, etc.; but the laws do not state who shall enforce them, and there is no fund provided with which to do so. In consequence they are not enforced. It is especially necessary to have some check on water and milk. While cities, if favorably disposed, can do so under local ordinances, the state should be in position to act on behalf of villages and country districts and prescribe and unify the protective measures to be taken by cities and towns.

In the detection of communicable diseases, the control of the purity of water and milk supplies and other public health work, a diagnostic laboratory is essential. Practically every state for instance, now makes release from quarantine on account of diphtheria dependent on laboratory tests. It is the only safe way, yet New Mexico is without such state aid, and no city or town in the state is known to be provided with a municipal laboratory.

The law requiring vaccination of all school children appears to be generally enforced; outside of the incorporated towns, teachers are required to report to the county superintendent as to the number of children vaccinated and it is his duty to see that all children of school age are vaccinated. The vaccinations are performed by the county health officer; but the responsibility does not appear to rest definitely with the health officer. He should be made responsible, and if practicable, have the assistance of a public health nurse who would pay attention to the health history of each child, and to outbreaks of disease in the homes, and instruction in matters of personal hygiene. In Albuquerque a truant officer inquires into all absences. On detecting cases of sickness he notifies the health officer, who refers the matter to the health in-

spector. No child can return to school after two days' absence without a special permit from the city physician. A school nurse is employed in these schools. By such means an early check is kept on cases of infectious diseases. Visits to schools are being taken up also in some counties by public health nurses under the guidance of the county health officers.

Until the anti-venereal work was undertaken no public health literature or posters had been disseminated by the state. This is an important means of encouraging improvement of sanitation and is an essential function of a state health agency.

In New Mexico, counties and towns generally have health authorities, but without a functioning state health agency they are like a family without a head. In health matters no county or town is independent of the others or of the state of which it is a unit. Local health officers should accordingly be able to look to a state health agency for leadership and uniform regulations as aids in the enforcement of state laws; and should the local authorities fail or refuse to enforce such regulations or to protect otherwise the public health it should be the duty of the state to do so at local expense.

It has been considered that at least 2 per cent of the total revenues of the state should be available annually for purposes of health and safety. On this basis New Mexico should be expected to devote over $50,000 annually to these purposes.

Under present insanitary conditions in many places and without any organized state health agency the benefits of the wonderful climate of New Mexico to invalids suffering with lung diseases and to home seekers may be more than offset by the dangers from preventable diseases which have been found to exist during this survey. Moreover, the economic loss to the state from these causes must far exceed annually the total amount mentioned above. By educational means alone an organized state health department with the aid of Federal and local authorities could do much to prevent disease and to protect health. By urging people to provide sanitary privies, stop polluting streams and wells, and cease drinking raw water out of irrigating ditches, for instance, many cases of typhoid and diarrheal diseases would be prevented and tens of thousands of dollars saved annually. The reduction of infant mortality and the prevention of respiratory diseases due to overcrowding and insanitary conditions should likewise receive attention.

As stated above, by reason of its geographic location, climate, population, and state of development, New Mexico is confronted

with special health problems requiring not only emergency work but continuous effort. Its climate invites the tuberculous, who in the aggregate are a decided economic asset to the State. In order to obviate the dangers from this class, however, their education in the hygiene of living and the sanitation of their environment is necessary. They should be able to feel, on the other hand, as a result of proper sanitation on the part of communities, that they themselves are not running risks from communicable diseases that are preventable. In order to carry on such work a state department of health and state laboratory of hygiene are essential and urgently needed. The responsibility of both state and local authorities for the enforcement of existing state laws and regulations should be definitely fixed; and reasonable appropriations should be made with which to enable a state health department to undertake immediately the duty of carrying out the laws and regulations issued under it pertaining to health and safety.

In view of the urgent need of adequate means to improve health conditions in New Mexico, definite recommendations are made looking to improved sanitary organization and administration. These recommendations include amongst many others the following:

That the present State board of health and medical examiners be designated in law as a State board of medical examiners and its duties relate thereafter to the enforcement of acts to regulate the practice of medicine.

That a State department of health be created to exercise all the powers and perform all the duties in respect to health imposed by law on the State board of health and medical examiners.

That the department of health consist of a commissioner of health and a public health council.

That a sanitary engineer be appointed. . . .

That a bacteriologist be appointed. . . .

That a vital statistician be appointed. . . .

That a public health nurse be appointed . . . . to supervise, under the direction of the commissioner, nursing in relation to disease prevention, and child welfare throughout the State.

That a diagnostic laboratory be established and maintained by the department of health.

That a system of reporting communicable diseases . . . be immediately installed.

That educational leaflets on public health subjects be published or otherwise secured for distribution to people of the State, especially schoolteachers.

That provision be made whereby two or more counties or towns and counties may combine in the employment of a full-time health officer.

That the appropriation of $22,900.00 be made by the State for the support of activities of the department of health annually.

That an epidemic appropriation of $5,000 be made available for expenditure under the direction of the governor as required to combat dangerous epidemic diseases.

The Result of the Awakening

The efforts of those who have been alive to the health situation in New Mexico have now been rewarded, for there has just been enacted a new public health law whereby there is created a State department of health, to be composed of a board of health with three members, and a commissioner of health who shall be "a person having special training in sanitary science and public health administration"; he is to be the administrative head of the department, the board being an advisory one, and is empowered to employ such assistance as may be necessary to carry out the provisions of the act, provided that the sum of $10,000 is not exceeded for salaries. An appropriation of a little over $9,000 is made for the remainder of the current year, and $13,000 each for the two succeeding years. The bill passed both House and Senate without a dissentient vote.

The powers of the State department of health include the investigation, and control of the causes of disease; the regulation of drainage, water supply, sewage, etc.; collection of vital statistics; coöperation with Federal health authorities in the carrying out of measures for the protection of the public health; making of laboratory investigations of public health matters and maintenance of facilities for that purpose; dissemination of public information; prevention of infant mortality, prescription of prophylactic treatment in cases of infection for the prevention of infant blindness, and promotion of child hygiene; regulation of safe supply of milk, meat and other foods; supervision of the work of local health authorities, and promulgation of rules and regulations governing same. The bill also provides that in case of epidemics the department of health may, upon the approval of the governor, borrow funds, up to $25,000, upon the credit of the State, in order to meet the emergency.

The personnel of the newly appointed board has just been announced, and it is particularly interesting to note that of the three first members one is a woman—New Mexico thus being, so far as we know, the first state to appoint a woman to such a position. The members are: Mrs. A. Otero-Warren, Santa Fe, Chairman;

Dr. Oliver T. Hyde, Albuquerque; John Tombs, Albuquerque, Secretary.

Those who have fought so earnestly for the bettering of health conditions in New Mexico thus see the achievement of their first goal; and the fact that practically all the newspapers of the State helped in the publicity campaign to arouse the people to public health needs, in some instances publishing material in both Spanish and English, while some weeklies gave two full columns to health matters each week, augurs well for the future support of the new department. To quote *The Herald of the Well Country*, official organ of the New Mexico Public Health Association, "Every public health cloud in New Mexico has now a silver lining."

A NEW OPEN AIR SCHOOL IN THE NORTHWEST

BY JANE C. ALLEN, R. N.
Oregon Association for Prevention of Tuberculosis

On January 27, 1919, Portland's beautiful new Open Air School —not only the first in Oregon, but the first in the whole Northwest—opened its doors to the physically sub-normal school children of the city. This was an event which marks an epoch in the history of this section of the country and which portends the near-coming day of better health for all school children.

The seed of the Open Air School idea took root in Portland at the First Northwest Tuberculosis Conference held there in September, 1917. A lively discussion took place at one of the sessions on the question of schoolroom ventilation and the conclusion arrived at was that all pupils below par physically should have the benefits of an Open Air School.

Only a few months later the Oregon Tuberculosis Association succeeded in inducing the Portland Board of Education to undertake the establishment of a thoroughly up-to-date Open Air School. The building is very attractive, both as to situation and style of architecture. Located in the Mt. Tabor district on the East Side it commands a splendid view and enjoys an airiness not possible in the lower more closely settled part of the city. The construction is of red brick with window casings and doors of white. The floor plan is that of two classroom wings connected by a long suite of service rooms. Between these wings is an open floored court for outdoor physical exercises and play.

Each classroom has a capacity of 25 pupils. Three of the walls are almost entirely given over to windows and doors, the windows having each three sections which open by tipping inward at an angle of about 45 degrees, thus doing away with direct draughts. Hot water radiators for warming and drying the incoming air are placed in every available space and so carefully have their location and adjustment been planned out that the warmed, dried air circulates directly towards the floor. Desks are movable so that the floor space can easily and quickly be cleared for the placing of the cots during the rest period. The folding cots, the canvas blankets, and lined sleeping bags are stored out of sight in well-ventilated lockers built under the windows against one wall.

The service rooms, seven in number, lunch room, kitchen, lavatories, shower rooms and nurse's office are kept comfortably warm all the time. The nurse's office is the center room of the suite. Here a complete record card system is kept on file; here are located the scales for weighing the pupils, the apparatus which regulates the temperature and pressure of the shower baths, a cupboard with necessary nurse's dressing supplies and the telephone. On the one side a door leads to the girls' shower room and beyond to the girls' lavatory, while on the opposite side of the office are the boys' showers and the boys' lavatory. Shower rooms and lavatories are completely equipped for first class service, even to special tooth brushing basins each accommodating five pupils at a time. Adjoining this group of rooms and completing the suite are the kitchen, very convenient as to shelves and cupboards, and the dining room which, being a corner room with two sides given over to windows, is very bright and cheerful. Tables and stools to accommodate one group of 25 children at a time are provided, and table service is on the cafeteria plan, the children filing by the service window with their trays.

A bright, happy band of 45 to 50 children spend seven hours of each school day in this beautiful school. Nearly every section of the city is represented and every grade from the first to the eighth. The two teachers handle the pupils not by grades but by groups, but the schedule of work outlined in the course of study is carefully followed so that the child when he has become physically normal and has been returned to the regular school will find his progress has not been retarded.

Applicants for admission are examined and recommended by the school physician. Immediately after enrollment a haemaglobin

THE PUPILS ARE HAPPY

SOMETIMES THE COTS ARE PLACED ON THE OPEN COURT

test is made and the child examined for physical defects. If defects which can be remedied are found by the nurse, she at once solicits the co-operation of the parents. Emphasis is laid upon the home and school working together for the pupil's physical good and the nurse by her visits to the home instructs the parents and keeps a general supervision over the child out of school hours.

Shower baths begin the day's program at 8:30. Once a week at this time also the weight is taken and once a month the height and chest measurements. After the showers the pupils enter the class rooms and put on their woolen robes in preparation for the morning's school work in the open-air room. These robes, made of Oregon blankets from Oregon wool, keep the children comfortable as they cover them from head to toe. A roomful of youngsters in the long, roomy, olive brown robes, belted loosely at the waist and with attached, peaked hoods covering their heads, look like so many little monks and make a quaint and pleasing picture. At recess time the robes are taken off and the pupils pass to the lunch room for the morning mug of milk before going to the court for their outdoor exercises and play. The preparation for the noon lunch is carefully and thoroughly done—hands are scrubbed, finger nails cleaned and hair combed smooth. Plenty of hot water, soap, hand brushes, nail files and individual combs are provided and pupils are expected to appear in the lunch room immaculately fresh and clean. Hot cocoa is served three days a week and a nourishing soup two days to supplement the sandwiches brought from home. A competent matron has charge of the kitchen service and soup recipes are followed which have been worked out by pupils in the Domestic Science classes of the city high schools.

After lunch comes the toothbrush drill, the nurse supervising five children at a time. Cots and sleeping bags are then taken out, breathing exercises given and the children settled down for an hour rest period. Every eye closed is the rule, and it has been demonstrated that even the most fidgety child in the class generally drops off to sleep in the absolute quiet of the room. The best of it all is that they, each one, return to the afternoon school work from their naps as refreshed and mentally alert as in the first hour of the morning session, and when at 3:30 they have their last mug of milk and leave for home they are a remarkably bright, happy and lively appearing band of children.

The benefits of the Open Air School and its regime of milk feeding and rest and personal cleanliness have already been

demonstrated beyond a question in the remarkable record of the gains in weight made during the first three months. Some of the pupils are attending school regularly for the first time in years. Listless pupils have become alert and full of hitherto unknown energy. Several who had been classed as dull and incapable of normal mentality are making extraordinary progress in their class-work. One little girl of 8 began three months ago as a very poor second grader; she is now a good fourth grade pupil. Fully half the children were discovered to be handicapped by serious physical defects. Upon these being remedied the improvement under the beneficient program of fresh air, rich milk and a daily rest period has been nothing short of remarkable.

No small factor in the success of the Open Air School has been the co-operation of the home. A very close relationship is brought about by home visiting on the part of the nurse. In this way she keeps in intimate touch with every phase of the child's life out of school and both child and parents are taught and persuaded to put into practice the habits of right living being inculcated so faithfully at school.

Thus has Oregon once more outstripped her sister states of the Northwest in the establishment of a thoroughly modern Open Air School. Named in honor of Mr. A. L. Mills, President of the Oregon Tuberculosis Association, it stands in all its beauty of form and completeness of equipment as a fitting tribute to the new conception of better health—prevention rather than cure. To it year after year will come the pale, tired, listless children gathered from over the city and in its cheerful, airy classrooms they will grow plump and alert and rosy and go out physically fit to become strong men and women. May this one small school be the forerunner of similar schools in every city and may the lessons it is demonstrating so ably in the marvelous value of fresh air, proper feeding and rest for school children bring to every school, town and rural, better classroom conditions!

THE CALL OF THE NORTHWEST

BY MARION G. CROWE
Superintendent Visiting Nurse Association, Portland, Ore.

"Go West" might well be the advice given to any nurse who is desirous of working out her own plans. Speaking from experience in both East and West, I can truthfully say that the opportunities for a Public Health Nurse, in the Northwest especially, are many and varied. Almost every county in Oregon is ready for a Public Health Nurse—"Send us a nurse, we are ready," is the usual conversation when a representative comes to Portland. If the nurses in the East could once realize the possibilities—the opportunities to develop individuality, I am sure we would not have a dearth of nurses here. In almost every county the work is in its infancy, people are educated in the city but return to the smaller counties and are most anxious to encourage any form of welfare work.

In the counties of Oregon the work of the Public Health Nurses is directed and supported by voluntary organizations, although paid for by county funds. This delegation of power by the county officials, and voluntary organization removes the nurse from politics and is proving successful. It has been the history of those communities already organized, that the work has the moral and financial support of the influential people. The nurse makes regular reports to the County Court and keeps the Court informed of every phase of her work, but the wonderful possibilities of conceiving and promoting her own plans for educational work are her unquestioned privilege.

The attractions of the country, from the wheat fields of Eastern Oregon, where thousands of acres of wheat cover a rolling country, always having the wonderful mountains as a background, to the Western and Southern parts of the State, composed of orchards and valleys with forests of pine mingled here and there, is of itself enticing. When one realizes that there are only about 12 nurses doing Public Health work, there can be no doubt as to the many positions open for the right nurses.

Possibly never before was the value of the Public Health Nurse realized in Portland as during the influenza epidemic. With so much work to be done, for with this Association, as with every other during this time, the calls came thick and fast, her value became better known. As a result of this special work, a sum of $25,000.00 was subscribed at a luncheon given by one of our leading

business men, who paid glowing tributes to the nurses for their work during this time.

Western people are most enthusiastic—rather conservative, but big, open-hearted, and a splendid feeling of good fellowship prevails. Prove yourself worthy and you will be accepted for your full value.

The following instances will serve to give some idea of the ways in which the public has been awakened to the value of the Public Health Nurse.

Within the last month a call came from a rural county, telling of a little girl who had been bed-ridden for three years. Several doctors had visited the child, each saying that there was no hope. A kind-hearted neighbor heard of the nursing in Portland, and telephoned long-distance to ask as a special favor that a nurse be sent. The distance was great, even at the end of the railroad, and there was a long tramp through the woods to a wretched hovel where the family were living. The child lay on the same sort of wretched bed that we, as public health nurses, so often find, her poor emaciated body in the condition that one can easily imagine.

Inquiries were made of the last two physicians attending the case; the replies of each were the same—"She is a hopeless case, do what you can for her." It was not possible to carry this patient on our list, as it meant a whole day to go and come, therefore it was our duty to see that she was cared for by the right people. Communicating with the Health Officer of that county, it was suggested that a visit be made by him, and the child taken to the hospital. Within the next twenty-four hours the ambulance was at the door and the little girl willingly consented to go. The same neighbor wrote a letter the day following, thanking the Association for the prompt work, also stating that for three years various people had endeavored to help the same little girl, but nothing had been accomplished.

When we communicated with the County Health Officer he at once realized the child had been neglected and also recognized the value of a Public Health Nurse. He agreed that a nurse was needed, and almost implored us to send him one, stating that he was sure the salary would gladly be paid, even out of his own budget.

During the Influenza epidemic a call came to us to have a nurse visit a family in one of our out-lying districts. Four people were ill, two of the most seriously ill were taken to the hospital

while the other two were cared for by our own nurse. After the first visit, an older boy was noticed hobbling about the room; the nurse made inquiry as to his condition and a suggestive case of tuberculosis at once came to her.

Among other things of which Oregon may well be proud, is her crippled children's law which provides care for crippled children at State expense. When the influenza ban was lifted from this home, the nurse made the usual follow-up visits to this family. Two of the children who had been ill needed tonsils removed, one needed glasses, the lame boy was cared for according to our State law and was found to have a tubercular hip, but with proper care, the doctor feels confident of his recovery in a year; and last we obtained a Mother's pension for this widow and five children. When the mother came to the dispensary and told us how many doctors had treated her son, who had been in this condition for the past four years, she remarked, "But we never had a nurse to visit us, and tell us where we could obtain all this help."

HOME OF A TUBERCULOUS FAMILY

There are many such stories I could tell of the work to be done throughout Oregon. The accompanying picture shows a home in which a tuberculous family live; it is many miles from Portland and is a clearing in the woods. The mother was referred by a "Friend" and one of our city nurses was sent to visit her. The family was examined at our clinic and found positive. When we visited this house just recently the idea of sleeping out which had been instilled in the mind of the patient was demonstrated by an attempt, but *such* an attempt—only one who has seen it can possibly imagine what

it looks like! However, the idea is there and it is our duty to teach this woman the proper way to live and help these children to become strong and healthy. Probably the woman is mentally deficient, which means added responsibility for the nurse.

The problems in Portland are about the same as in other large cities, but the outlying sections present a vast number of problems, and our Association is called upon during these days as it never has been before. It is our duty and our privilege, to say nothing of the satisfaction for us, to be able to help in this wonderful Public Health work.

"GETTING THERE" IN OREGON

Transportation in some parts of the State of Oregon is a difficult matter. A correspondent who lives in Coos county writes:

"All around the bay are little inlets (or sloughs) where only small boats can enter; and when one thinks that some places have a boat several times a day, others once a day, others twice a week,

ONE WAY OF "GETTING THERE"

and still others weekly, one realizes the difficulty. The only other way to reach these settlements is by the roughest of wagon roads or trails over the hills. Many of the houses can be reached easily only by these walks across the lowland, and many homes back in the hills can only be reached on foot or horseback. Supplies are mostly 'packed' (definition, carried)."

HOW ONE VISITING NURSE ASSOCIATION WENT "OVER THE TOP"

BY JENNETTE C. HARMOUNT

Secretary, New Haven Visiting Nurse Association

The New Haven (Conn.) Visiting Nurse Association held a campaign at the beginning of the year to raise a budget of $82,000.00 for the year 1919, and went "over the top" with the sum of $100,000.

We have been asked how it was done. To answer in one sentence I would say, "We told what the association had done."

We engaged the professional services of one who has conducted several money raising campaigns successfully. The mobilizing of teams, each under a captain, the assigning of lists of names and other details were in his hands.

The campaign opened with a dinner to which three hundred were invited, including the Board of Managers. The guests were mostly men, generous, public-spirited business men of New Haven. The president of the Chamber of Commerce was chairman. Good speakers—and our superintendent, Miss Mary Grace Hills, was one of the best—told what the association is,—"A Public Health Organization;" whom it benefits,—"Every person in the community, whether well or ill, rich or poor;" the function of the visiting nurse—"Skilled nursing, instruction, friendly advice;" the visiting nurses' field,—"The summary of what was accomplished in 1918 and a glimpse of what must be done in 1919."

By facts, incidents and figures we showed the work and growth of the Association, from one nurse employed for six months, in 1904, to thirty-five nurses in 1918 and the need of fifty nurses in 1919. It was the clear, concise statement of the way money had been spent and what had been accomplished that won the approval of the business men, and they said, "The women are doing all the work, it is up to us men to furnish the money." When the Mayor found that, in addition to their usual number of patients, our nurses during the epidemic cared for 707 influenza and pneumonia cases with but thirty-one deaths, he carried through the common council an appropriation of five thousand dollars.

When the men had raised the money, the women of the Board of Managers and five or six outside the Board, gave $47,000 additional, and bought a lovely old house for permanent headquarters, into which we are moving the first of June.

This outlines the methods used; but it must be left to the imagination to supply the enthusiasm that pen and paper cannot reproduce.

HOT LUNCHES FOR RURAL SCHOOLS IN MINNESOTA

BY MARY M. MUCKLEY, R. N.
Director of Public Health Nursing, Minnesota Public Health Association

Soon there will be no more frozen or hastily eaten lunches for the school children in Minnesota's progressive rural school districts. The old discussions at farmers' club meetings regarding school lunches will soon be a thing of the past, for those districts which have adopted the hot lunch system are so pleased with the results that kerosene stoves and hot lunch apparatus have become contagious—they're all having them or going to have them.

However, they were a long time in coming. Not long ago, certain farmers' wives lamented, usually without avail, the fact that their children, whose health and advancement meant so much to the nation as a whole, were obliged to eat lunches which had frozen on the way to school. They asked, too, that the teacher be given supervision of the lunch hour so that the children would discontinue swallowing their food in lumps while playing and eating at the same time. But the powers-that-be had not advanced to the point of lending their consent to taking this care of the children, who through no fault of their own were obliged to eat their noonday meal a mile or so distant from the hot dinners of their fathers. And dinner, remember, is the farmer's most important meal. Do we ask, "How can anyone, and a child particularly, be expected to grow and be strong when his most important meal is a frozen one, or quite as often, an inadequate one?"

Fortunately for the children, things took a turn. A public health nurse addressed a farmers' meeting on the topic. She spoke simply and earnestly. All she said was the following: "I endorse emphatically all that can be said in favor of hot lunches. They do not mean necessarily the serving of an entire hot lunch but often just the serving of one hot food. This may be cocoa, creamed soup, baked potatoes, a creamed vegetable, rice or any food which can be prepared with a kerosene stove equipment. The articles of food necessary for the lunches may be bought by the school board or the families of the school district may take turns supplying them. This can be done at a very small cost, and the benefits your boys and girls will derive from them will pay you thricefold.

"If the feeding of domestic animals deserves consideration need more be said about hot lunches for our boys and girls? Let us look at it from our own standpoint. If we were to eat five cold and perhaps frozen lunches each week, how would we feel, what would our

sentiments be? I believe we would all say 'build a kitchen, get a cook, give the children a square meal.' Then why not serve one hot meal each school day, and help the children to see the bright side of life?"

This time the seed did not fall on barren soil. After much wagging of heads, the school board decided to give the project "a trial," and a kerosene stove equipment was installed in the school house. How did the plan work? Splendidly, of course. The pupils are thirteen boys and one eight-year old girl. Contrary to the usual dictates of ancient history, the boys became intensely interested in the hot lunch scheme; they helped prepare it, washed the dishes, and, what is more, called it fun. Every Friday their teacher wrote out the menu for the following week on the blackboard indicating what each pupil should donate. To show how eagerly the boys looked forward to their hot lunches I will mention the following incident: The boys became so excited over the project of missing hot lunches for the week following Christmas vacation, that one of the mothers, to quiet the anxiety and give Central a rest, drove to the teacher's home and waited for the menu, so that the boys would not be disappointed and would not go without their hot lunch even for one day.

Not the least of the good effects resulting from the hot lunch system is the interest it arouses in boys and girls to know the values of foods and the correct method of eating. Not only are their chances for good health appreciably increased by the hot lunches but they are gaining valuable knowledge as well.

Very unique and pleasing are the experiences of some schools where the serving of hot lunches has become a gratification to the teacher and a pleasure to the pupils. One such school was visited not long ago. The teacher had argued long for a hot lunch equipment, and after getting it certainly gave the school district ample reason for expressing their thanks. The school board provided paper napkins and a plate, cup, spoon, and fork for each child, as well as the dish towels and certain of the staple groceries. The milk, eggs, potatoes, and vegetables were supplied by the families in the district, who took turns keeping the school dish towels clean. Four pupils each week took charge of the lunch and dishes. There was a cook, a cookee, a porter, and a waiter, and the four prepared and served the meal. Each pupil had an individual table, with his own tablecloth (paper napkin) and his own dishes set properly, for setting the table and table etiquette became part of the curriculum with the advent of the hot lunch equipment. By request of pupils on

cold days two hot dishes were served. On this particular day, when the nurse and the county superintendent visited the school, they were served with hot cocoa and macaroni and cheese, happily cooked and smilingly served by the four little managers.

FUNERAL OF MISS DELANO IN FRANCE

BY LILLIAN D. WALD

News of Miss Delano's death at Savenay, Base Hospital 69, has, of course, reached America by cable. But I am sure THE PUBLIC HEALTH NURSE would like to know something of the impressive services at Savenay.

Every possible attention was given to Miss Delano during her illness; specialists who were on their way home to America were intercepted, and her friends will have the satisfaction of knowing that the best surgical skill and the best nursing care were provided. Miss Stimson and Miss Hall, knowing the seriousness of her condition, had cabled for Miss Kerr, Miss Delano's nearest friend, and she arrived before the final operation, and gave Miss Delano the comfort of having one so near to her at the end. I understand Miss Delano's last words were of anxiety about her unfinished work. Miss Foley was en route to Italy, and I had just returned from the International Conference at Cannes. We accompanied Miss Hall to Savenay, and were present for the services and the funeral.

Miss Delano's body was placed in the temporary morgue on Good Friday and services were held in the Y. M. C. A. amphitheatre. A sympathetic and understanding army chaplain gave a short address upon her personal qualities, and read the Episcopal burial service. The nurses and the soldiers who had come into the great hall sang the hymns Miss Kerr knew to be her favorites: "Abide With Me" and "Lead Kindly Light," and the flag covered the casket, which was banked with beautiful flowers, tributes from the nurses, Miss Delano's friends, and the American nurses' organizations. After the service the procession started from the amphitheatre, the caisson, flag covered, drawn by horses, flowers covering the casket and the driver's seat, the military band playing Chopin's funeral march; the pallbearers (American soldiers), the honorary pallbearers (four colonels), followed, and then Miss Kerr, Miss Hall, Miss Foley, and myself, and back of them over

five hundred nurses and many aides, uniformed, representing the American Red Cross Army Nurse Corps both in France and America, and army nurses from nine different base hospitals, Miss Stimson and her chief assistant leading, and the different sections led by head nurses. Very impressive indeed was the procession on that lovely spring day, as the nurses marched on the French road past the old high school, now used as a base hospital, with American soldiers, French soldiers, and German prisoners saluting solemnly as the caisson passed. As the procession moved on, over the stone walls peered the Brettany women and little children, the little boys not knowing just how to pay the tribute. In the mortuary where the lovely flowers had been carried and Miss Delano's body was placed temporarily, soldiers are to be on guard until the removal to America, where the final interment, I understand, is to be at Arlington.

A tribute to Miss Delano, expressed with very sincere appreciation of her loyal service to the Red Cross, is placed in the corridor of the Hotel Regina, center of the Red Cross activities in Paris.

MEMORIAL SERVICES IN THE UNITED STATES

By the wish of the American Red Cross, May 7th was made a National Memorial day for Miss Delano, and services were held in all parts of the United States. Many of these services were very impressive and were attended by large numbers of Red Cross nurses and workers, and by many others who wished to pay this last tribute to Miss Delano's memory.

LETTERS FROM ABROAD

As our readers already know, Miss Foley left recently for Italy, where she is to take Miss Gardner's place as head of the nursing division of the Red Cross Tuberculosis Commission. The following letters, written during her journey to Rome, will, we are sure, be read with much interest.

My dear ——, April 14, 1919.

Paris is wonderful. Now I understand why a Frenchman hopes to be returned to her when he dies. To be sure, she is fickle; rain is her favorite beverage and she gives you much of it, but she is so marvelous when the sun shines that you forgive the torrents and showers.

The Touraine docked early Friday morning. When the Red Cross man got on board, he put through our passports *tout de suite*. When the customs official saw our uniform, *she* o. k.'d our baggage without looking at it. Everywhere it has been the same way. The French may be tired of us, but they are unfailingly sweet and courteous, nevertheless. Traveling in France or living in Paris is very expensive but not more so than at home, except in the way of food and an occasional luxury. A dinner for $1.50 is not so good as one in the States for that sum, but the service is better and the food is varied. The meat is fairly poor though there seems to be plenty of it, and the bread is monotonous. In France it is much better than it was on the boat. Sweets are still a lottery: dessert usually is cheese and nuts, or apples, pears or oranges. A few shops are getting out some good-looking *patisserie* but there is very little sugar, no domino. In restaurants, a syrup of saccharine is served and one must have a bread card. I can't understand the latter, for the long loaves of crusty bread are to be seen everywhere in shops, in deep pushcarts (as they are taller than the covers, I don't see what happens when a sudden shower comes), and in the string bags or under the arms of the purchasers. No one ever wraps bread here. There are no germs in France.

To return to Havre. Miss Kerr and I both exclaimed over the splendid old stone piers, no rickety docks or wooden piles. The harbor is a very dignified place, clean and trim, no rotting piers, no waste. It seemed crowded with ships but there may not have been many. To my unaccustomed eye there seemed a great number. The mouth of the river was full of huge barges, great, big, capable flat-topped things, half again as high and several times larger than our canal boats. The Seine is so deep and swift and wide that barges are towed by tugs—they are not canal boats, really.

A special boat train was waiting—on the dock—to take the passengers up, and started only an hour late. Transportation is getting more normal again. We went first-class and had a very comfortable trip, passing through Rouen. It was *défendu* to leave the train at the station, but in the distance we saw some tall spires which we hoped belonged to the cathedral. It was in Rouen that Jeanne d'Arc was burned to death in 1431. Of course she is a saint now. Most insurgents are apparently safer dead or in prison. The living always seem to forget that their souls go marching on. And Jeanne d'Arc has been a great factor in modern French history. Statues, photographs and models of

her are everywhere. In front of the Hotel Regina, the new Red Cross headquarters is a splendid big equestrienne statue and in Notre Dame this morning I saw a plaster model of a beautiful statue of her in armor and an appeal for funds in order that the original might be completed.

10:30 P. M.

I got that far before lunch, when I got a request from the Red Cross to present them with my passport and 100 francs if I wanted to go to Italy on Saturday.

Then I went down to the Nurses' Equipment Bureau, where we had tea with a lot of nurses who seemed to be going and coming. The Y. W. C. A. serves it there every afternoon. All their workers, including this one, whom I have met, have been such a splendid lot of women. You know I have a weakness for the Y. W. C. A. girls. The Hotel Petrograd, which was leased and is managed here by the Y. W. C. A. for war workers, has meant a lot to the nurses. The rates are reasonable, the rooms pleasant, the management anxious to make its guests happy as well as comfortable and the atmosphere is very warm and friendly.

On all sides I have heard of the good work that the Rockefeller Commission is doing in tuberculosis. The American Red Cross is doing a stupendous work, too. Its headquarters are in the Hotel Regina, a big six or seven-story place built around three sides of a square in which is the Joan of Arc statue. The Red Cross occupies the whole place and needs it. It seems so queer to be running in and out of bedrooms, looking for various offices. Of course, the hotel furniture is removed and it adapts itself pretty well to office work. There are literally dozens of uniforms, from Boy Scouts up to colonels. Women abound and for the most part their uniforms are trim and becoming. The aides have a particularly fetching one, just a severely tailored suit of black "mixed goods," white waist and sailor hat, with a touch of red at the shoulders and blue-gray in the hats.

Whatever we may have thought of aides at home, the good nurses, the well-bred, well-trained ones, have been universal in their praise of the American aides. Of course, there was an occasional goose, but for the most part, they were fine workers, conscientious, faithful and trustworthy to the last degree.

When the history of this war is written by St. Peter (for no one else will record it truthfully and the dead tell no tales), it will make Pasteur and Lister and Florence Nightingale wonder if the Crimea and the Civil War taught men anything.

Tuesday A. M.

This morning I am going to see some of the work of the Children's Bureau with Miss Reid of Washington. Miss Ashe, the chief nurse, is a pleasant person; I liked her very much. One of the nurses, Miss Nelson, a Waltham graduate, has done some splendid public health nursing in Lyons. She was with Dr. Grulie there and thinks that we have some wonderfully efficient men in Chicago if they are like him. She was enthusiastic over his grasp of the situation and his development of the work, but particularly over his insistence upon team-work and coöperation. She said that he was really wonderful and the people were devoted to him.

Sunday noon two nurses, Miss Carney, a former tuberculosis nurse of Boston who has been over here since the Red Cross ship, and Miss Crawford, took me by motor to a sanatorium in Malaby. The chief nurse is Constance

Hayes, a Public Health Nurse from Wisconsin. Now her patients are mostly Serbian students who are not tubercular but frightfully undernourished. They sang for us. It was a pleasant sight, for the grounds are open and very beautiful, rolling lawns and lots of trees and the sun was good enough to shine and the boys had beautiful voices. The shacks are built in the form of a cross (or rather around an open cross-shaped space). They are yards apart, mud can be plentiful and, of course, everything is stove-heated. Keeping the fires up is no small job, but the boys are doing well, the nurses were interested and there was the nicest kind of an atmosphere in the place.

Tuesday, late P. M.

Saw a baby conference, a pre-natal clinic, went through a public school (boys—they are not co-ed here), lunched at a settlement house, went through the most congested street in Paris, saw a public market; also had tea at the Nurses' Equipment, walked through many historic streets and will never get this letter off if I don't do it now. I see housing tomorrow, tuberculosis clinics Thursday, the Sorbonne Friday and leave for Rome Saturday.

I am so glad that I came. E. L. F.

Easter Sunday—en route to Rome.

Skirting the Alps between Chamberey and Modane, and lovely things they are, snow-capped and cloud-capped, with pleasant little waterfalls shooting down here and there. The sun is very hot and altogether it is a glorious Easter. Talked with a young officer on the train this a. m. who spent last Easter occupying trenches in which French soldiers had just been frightfully gassed. He was severely wounded at Chateau Thierry and again in the Argonne—said that he would have lost his leg if it had not been for the doctors and nurses. He spoke very highly of their work. He was troubled because many of the nice French people have a wrong opinion of our boys, and the boys, on the other hand, seem to think that the bad women of Paris represent all the French.

Now we are skirting Mt. Blanc. It is in the distance and is heavily covered with deep snow for more than half its height. It seems a long range rather than a peak. The nearer hills seem higher but as they have only a very little snow they can't be. The grade is terrific and we are going very slowly. The little villages are not as picturesque as those nearer Paris, for the houses are partly stone but mostly weather-beaten wood which is not nearly as attractive as the pale blues, pinks and greens we have been seeing. The houses are mostly white stone and the color is local, not all over. For instance, we passed one this morning, white and covered with grape vines up to the second story which was white-washed pale blue, then more white to the roof. These houses are mostly two stories. Those in the Seine and Loire provinces seemed to be one-story stone cottages. I imagined that they were damp. Many were thatch-roofed and a few had vines. Some were moss-grown and all were tidy and picturesque. We have just passed a tiny chapel perched up on a mountain, rather inaccessible looking, and just beyond it a lovely maiden-hair waterfall so clean and fine that I wanted to explore. I can't begin to describe the scenery, but I certainly am glad that I lost my train yesterday and had to take this one.

Had a funny time last night—slept in an upper couchette; under me was a Belgian officer, opposite me a Y. M. C. A. man, under him a Frenchman. The process of making up the couchettes consists of letting down the upper and putting in a pillow. Over the lower seat is spread a sheet, so-called. A ladder is placed in the narrow aisle and you get up, clothed and in your right mind. I put on my Jaeger coat and smothered. The men remove their coats and do likewise. The guard pulls down the curtain, shuts the door tight and departs. All occupants sleep fitfully, snoring in different keys. I did loosen my collar and, as the night wore on, I removed my coats. The air was awful. I endured it until five, when I dreamed that I had lost my connection at Chamberey, so I got up, descended with much difficulty, for the ladder was wobbly, got out into the hall and fastened my collar. Then I went into the dressing-room and did my hair. My toilet completed, I went out into the corridor and talked with the young officer, who had been standing up all night.

Monday—9 A. M.

Should arrive in Rome in a couple of hours. Had two hours in Turin, so took a carriage ride and had dinner at the "Roma" with a young naval attaché who was on his way to Venice and whose sister was a Smithite. Curious how one keeps meeting friends of one's friends over here. Turin is an attractive city, very squarely laid out and very clean. The streets were crowded, everyone having a good time and no rowdyism. We saw three open air concerts but did not have time to stop. We also drove along the Po and admired the not very distant Apennines. I'd like to have stopped longer.

I learned after the train got too wobbly for writing yesterday that my polite Frenchman was wrong. We did not see Mt. Blanc—we were miles away from it. We did have a wonderful view of Mt. Cenis though. We were about fifteen minutes going through its tunnel—it was seven and one-half miles long—and then got the most glorious view on the Italian side. The mountains seemed more rugged and the valleys deeper, the houses older. There is a sharp change in the architecture, for all the Italian houses seem higher. In Modane, on the French side, where we changed cars, got viséd and had lunch, one narrow street seemed to be the whole village and the houses were from three to five stories high.

We are now skirting the Mediterranean. Fancy, I keep pinching myself. Now we have stopped at Civita Vecchia—the oldest, most satisfying place. Such nice market gardens as these people have. But we have just passed a four-story tenement; sundry dingy linen airing out of windows reminds me of District 8, only the whole countryside is so beautiful that I wonder again how they can endure our homely streets.

Must close this rambling epistle—we are arriving. I am glad that I came over, for I understand a lot that no one has had time to write home.

E. L. F.

ACTIVITIES OF THE NATIONAL ORGANIZATION

AN IMPORTANT MEETING

BY BESSIE A. HAASIS.

Several months ago, during a conversation in the New York office, it occurred to the secretaries that the lack of a Convention this year was going to prove a serious loss to the profession, especially to the women holding new and important positions of state supervision, who would naturally gather at a national convention for the discussion of problems common to their several pieces of work. For the State Supervisor is practically a new animal within the last year. Up to that time there were few in captivity.

Then the idea came, Why not serve these State boards of health, these State tuberculosis associations, these divisions of the Red Cross, by calling a special conference of their supervising nurses, even paying travelling expenses where their funds are not sufficient, so that this new type of worker may have the inspiration and education of hearing of the plans of the others, and the consolation of hearing of difficulties shared by the rest?

The Board of Directors approved the plan, budget and all, and invitations were therefore sent out to about forty women, each covering either a state or group of states in an advisory or supervisory capacity. Each was asked whether she would like such a conference, and if so, to send five questions which she would like to hear discussed. The response was unanimous. Evidently the workers felt the need for just such an opportunity, in order to better plan their own work and coördinate it with that of the others. Out of the questions submitted, many of which were duplicates, fifteen were chosen and sent out with the final announcement, with the request that each guest prepare to talk for five minutes on at least one of the topics.

Fifty-two earnest women attended the meetings in Cincinnati on April 28 and 29. Of these, 21 were Red Cross Divisional Directors of Public Health Nursing or their assistants, six were secretaries or officers of the National Organization, and the rest were State Supervisors of Public Health nursing under Boards of Health, Councils of Defense of Tuberculosis Associations, Directors of State Departments of Public Health Nursing, or holding

similar state positions. The Metropolitan Life Insurance Company sent one of their travelling supervisors.

Of course the body was not an official one. It was not an organized group and could not take any action binding its members. It was a forum for the discussion of the state, inter-state and national aspects of nursing problems, and as such was voted one of the most helpful meetings the participants had ever attended. No reporters were allowed, so that entire freedom could be felt in discussing local or national issues. A distinct sense of kinship among those who are meeting what might be called collective problems was developed and there is no doubt that this means of introducing workers will bring a better understanding among those who sometimes cover identical territory under different organizations. Their common membership in the National Organization also was emphasized, and as such their common aim, though worked out by different methods.

It would be impossible to reproduce the whole discussion, but a few of the questions and the conclusions reached will be of interest.

The question was raised whether it was always best to have public funds secured for the entire budget of a new piece of work, or whether it was better to start with a budget raised partly by public and partly by private funds. It was the sense of the meeting that in the majority of cases, the maintenance of standards, both in work and personnel, will be better assured if some private subsidy and consequent private control is furnished at first, with the understanding that even when public funds entirely support the work there will be still a strong advisory council representing private organization, which will be constant through changes of politics and administration, and will keep high the standard of service to the community.

Replying to the question whether or not it was advisable to start school nursing with local volunteer physicians, the sense of the meeting was that oftentimes, on account of the jealousies aroused if one of several local practitioners were selected for this work, and on account of the quality of work of inspection when an appointment was made simply as a matter of political office holding, it might often be desirable to start school inspections and nursing without any physician at all. It was urged that the term *physical* inspection be used for the work of the nurse, rather than the term *medical* inspection, which applies accurately only to the work of a medical practitioner. Of course, all agreed that the

school system could not be considered complete until doctors as well as nurses took part in the inspections, and that the paid service of a pediatrician was the real desideratum.

Another interesting indication of the discussion about school nursing, was the vote taken, showing that in the judgment of the majority of those present, school nursing should be, ideally, under Boards of Health, but with constant and active counsel from Boards of Education. This was not a unanimous vote, however.

By no means the least interesting topic discussed was the place of bedside nursing in a program for county public health nursing, especially while there is but one nurse to a large territory. Also, the question, almost as old as our very young profession, of generalization versus specialization, in county units. The most ardent advocates of specialized care *in cities* admitted that in rural districts it was quite another matter, as did the advocates of bedside care on a daily basis. The sense of the meeting was expressed as follows: That there is an increasing tendency toward generalization, and toward including bedside care *especially for its value as a teaching method.* In discussing the relative possibilities of the nurse and the health visitor, the meeting also expressed itself as follows: That if nurses are to take the lead in the field of public health nursing, it will be by virtue of their differentiation in function from other health workers, *in terms of bedside care.*

The Red Cross peace program was discussed at length and its possibilities for coöperation with other State plans; and the meeting was united in urging that the closest coöperation between Red Cross and private State organizations be effected, for the purpose of avoiding overlapping and promoting unity of action, though not necessarily by a joint financial policy.

On a number of questions, the meeting felt itself unable to reach final conclusions. For instance, standards in industrial work; programs for county public health nursing; and the number of nurses needed for thorough care of a community of given size. On these points, therefore, resolutions were passed asking the National Organization to appoint committees to study further and make recommendations.

How the discussions cleared the air! Lonely prophets sitting under juniper trees, found that there was a good sized grove of junipers, each with a lonely prophet, who could not see his neighbors for the mist of perplexity and isolation. When the meetings

adjourned, the prophets joined hands and danced around the junipers. And they asked the National Organization to bring them together again.

RESOLUTIONS PASSED AT MEETING OF STATE AND DIVISIONAL SUPERVISORS.

(Cincinnati, April 28 and 29, 1919.)

1. That it is the sense of the meeting that in the majority of cases it is desirable to start public health nursing work with a combination of private and public funds, with the understanding that the support shall ultimately be from public funds with private organizations acting in an advisory capacity.

2. That it is the sense of the meeting that we should urge the closest coöperation (not meaning joint financial policy) between Red Cross and State private public health nursing agencies, for the purpose of unity of action and to avoid overlapping.

3. That it is the sense of this meeting that it is often advisable for the nurse to start school physical inspection without a physician.

4. That it is the sense of the meeting that school nursing and medical inspection should ideally be under Boards of Health, with advisory council from the Boards of Education.

5. That it is the sense of the meeting that there is an increasing tendency toward generalization of nursing, including bedside care especially for its teaching value.

6. That it is the sense of the meeting that state supervisors should take up more actively the study and promotion of the Venereal Disease program, and that this action should be transmitted to Surgeon General Blue.

7. That it is the sense of the meeting that if nurses are to take the lead in the field of public health nursing, it will be by virtue of their differentiation of function in terms of bedside care.

8. That it is the sense of the meeting that there are distinct advantages in favor of the representation of the various public health and social agencies in the directorates of public health nursing associations.

The following recommendations were made to the National Organization for Public Health Nursing:

1. That it appoint a committee to analyze and set forth a standardized number of public health nurses for a community of given size.

2. That it appoint a committee to work out standards for industrial nursing.

3. That it appoint a committee to outline suggestive programs for county nurses.

WAYS AND MEANS COMMITTEE

The Committee on Ways and Means was created at the March Directors' meeting to succeed the then dissolved War Program Committee. The chairman, Mrs. Chester C. Bolton, of Cleveland, appointed as a nucleus two women whose work in the Nursing Committee of the Ohio Council of Defense and the Student Nurse Reserve, as well as their keen interest in public health nursing, especially fits them for this committee: Mrs. Alfred Brewster and Mrs. Chester Brooks—and as third, Mr. Bolton. Plans were immediately made for a membership campaign which should be undertaken as soon as possible. It is planned to secure the interest and membership of seniors in hospital training schools, of all nurses doing public health work, of medical officers. Further than that a very earnest effort to secure the corporate membership of all boards and organizations working with and through public health nurses. Corporate membership is a very vital thing, as it represents the standardization of public health nursing throughout the country and is a guarantee to the people that not only are the nurses in public health work adequately prepared, but that their work is thorough.

Public health nursing must be carried on by joint effort of professional and lay groups. Up to the present time, the laymen have allowed the nurses to carry the heavy end of the load, especially that part of it which means standards, education, preparation and legislature. Only 30 per cent of the membership in the National Organization for Public Health Nursing is lay. Can we not more than double that this year? Have the non-professionals not had a severe lesson during the epidemic that will make them desire to unite with all their might to support the organization which is sought out by the Federal Health Authorities, by States, counties and cities, for advice and for practical demonstrations?

COUNCIL OF STATE REPRESENTATIVES

The chairman of the Council of State Representatives would like to take this means of thanking all the members of the Council to whom the telegrams were sent May 9th asking for information

regarding the State Organizations of Public Heauth Nursing, for their prompt response. It is most gratifying to feel that a few hours only are necessary to hear from the members of the Council on urgent matters.

The following changes in the personnel have taken place on the Council since Jan. 1st.:

Estelle L. Wheeler, Washington, D. C., resigned (nurse).
Mrs. R. H. Hunter, Pocatello, Idaho, resigned (nurse).
Mrs. R. W. McCreery, Marshalltown, Ia., resigned (lay).
Mrs. Ned S. Cohen, New Orleans, La., resigned (nurse).
Mrs. F. J. LeMoyne, Baltimore, Md., resigned (lay).
N. Florence Cummings, Red Bank, N. J., resigned (nurse).
Mrs. J. W. Cunningham, Long Branch, N. J., resigned (lay).
Agnes D. Randolph, Richmond, Va., resigned (nurse).
Mrs. Grace Harrington, Seattle, Wash., temporary leave to Siberia (nurse).
Dr. Maybelle Park, Seattle, Wash., resigned (lay).
Mrs. Geo. R. Nagle, Wheeling, W. Va., resigned (lay).
Mrs. J. M. Taylor, Boise, Idaho, resigned (lay).
Mrs. Clive Hastings, Atchison, Kan., resigned (lay).
Mrs. D. C. Kenyon, Chinook, Mont., appointed as lay rep. (lay).
Mrs. J. A. Poppler, Grand Forks, N. D., appointed as lay rep. (lay).
Elizabeth J. Davies, Seattle, Wash., temporary nurse rep. for Wash., to take Mrs. Harrington's place (nurse).

It is always to be regretted that we cannot count upon absolute continuance of service on our Council of State Representatives, because, try as we will, there is always an interval—sometimes one of considerable length—between the resignation of a member and the appointment of her successor.

The last few months, in spite of the many resignations, have given us the greatest possible encouragement, as our Council members have apparently felt a very increased responsibility towards the organization, and the suggestions that have come from them have been helpful and their very apparent desire to truly represent the National Organization in the separate states has proven a most valuable asset. It is, of course, impossible to estimate with any degree of accuracy just what is being accomplished, but the increased interest displayed in the various states, as evidenced by the letters received at the New York office as well as at the office of the chairman of the council, would indicate that the contribution which the National Organization for Public Health Nursing stands ready to make is being more and more recognized by all as a very vital part of whatever program is being promulgated by all agencies of public health, Federal, State, municipal, or Red Cross, as well as the many private agencies throughout the land.

EXTRACTS FROM LETTERS OF STATE REPRESENTATIVES

From Pocatello, Idaho:

"Our great difficulty is getting nurses who have training in public health work."

Jackson, Miss.:

"We are beginning to arouse great interest over the State in the matter of public health nursing, but we are much hindered in the work of organization by the fact that we cannot get nurses who will undertake this work; if we could secure the services of qualified nurses, we would soon have the entire state organizing for public health nursing, with the county as a unit."

North Dakota:

"There is a great demand for county nurses. Several nurses have accepted positions without having any training or experience in public health work. Many others are very much interested and are planning on taking one of the courses that is given during the Fall and Winter. . . . We had a meeting of Public Health Nurses of the State for the purpose of organizing, either as a section of the State Association or as a separate organization. Had a splendid meeting, though few in number. We discussed the Institute which is to be held at the Chicago School of Civics in August and I think nearly all North Dakota Public Health Nurses are planning to attend. I talked to some of the nurses about the work of the National Organization for Public Health Nursing; the scholarships available; the Council of State Representatives; the great need of more Public Health Nurses, telling them where courses were being given and giving out all the leaflets you had sent me, and also told them of the package libraries now available through the state universities. Training school superintendents were very much interested also. Several of them took the address of THE PUBLIC HEALTH NURSE and said that they were going to have it and Miss Gardner's book on *Public Health Nursing* in their libraries. We have four districts in the state with a district chairman. The following are the officers of the North Dakota Public Health Nurses' Association:

President, Miss Rose Schaub, LaMoure, N. D.
Vice President, Miss Aagot Lian, Minot, N. D.
Secretary, Miss Hedwig K. Djupe, Grand Forks, N. D.
Treasurer, Miss Mae McCulloch, Grand Forks, N. D.

"Miss Cora Farley, field nurse for the Anti-Tuberculosis Association, talks on public health nursing wherever she goes, so we called her Educational Secretary."

The following is an extract from a letter received from a town in Pennsylvania; it is not from a state representative, but its burden is similar to that of the other letters quoted above:

"We are very much interested in the advanced courses in public health nursing. Our association has this Spring given one scholarship and will give two others. We are sending two of our nurses to Cleveland for the special course in school nursing and have one there now on a scholarship. This latter scholarship was a gift to the association, and also an eight-mouth scholarship, the course to begin in the Fall. We are obliged here, to demonstrate to our

school board the value of school nurses, also to manufacturers the value of industrial nurses. We, therefore, feel that in order that we may get the best results our nurses should have special training. We are also expecting to place nurses in the county and our nurse now in Cleveland is taking a course preparatory to doing county work. Our superintendent has a big vision for our association and we are trying to help her carry it out."

NOTES OF INTEREST

During the month of April fifty-one new members have been added to the National Organization; of these, forty-six are active members, two are associate members, one is a corporate member, and two are sustaining members.

Twenty-six new applications for positions have been received from nurses, and twelve requests from associations seeking nurses; two positions have been filled.

During April Miss Crandall delivered lectures on public health nursing before the Woman's Club in Meriden, Conn., and to the students at Simmons College, Boston.

Mrs. Haasis spent the first half of April in Louisiana; part of this time was spent in visiting two of the rural counties, with a view to obtaining information which would help in the choice of a location for one of the demonstrations to be made in coöperation with the Children's Bureau. Later in the month the Educational Secretary visited Pittsburgh, in order to consult with members of the University of Pittsburgh, where it has now been decided to include a course in public health nursing, with a qualified nurse teacher, in the University's 1920 budget. The faculty at Carnegie Institute were also advised in regard to the content of a five-year combination course. Mrs. Haasis also spent three days in Richmond, Va., reviewing the course for public health nurses there and making suggestions for the coming year.

CHILD WELFARE DEMONSTRATION

From the Western Office of the National Organization the report comes that the Child Welfare Committee of the newly formed Morgan County Community Council is very active; they have secured the coöperation of the seventeen chairmen of the Child Welfare Committee of the former County Council of National Defense. At a recent meeting all these chairmen, representing active

working groups of rural women, covering the entire county, pledged their support, and great interest was shown in promoting every activity of the demonstration. Each precinct has agreed to raise an allotted amount of money for the continuance of the child welfare program as outlined and started by the demonstration; over $900 has already been raised in the county by means of selling donated eggs, by meetings, etc. The following are some of the lines of work which are being carried on:

1. With a car for transportation it has been possible to give many talks to groups of rural men and women and to reach many homes in the house-to-house canvas.
2. Demonstrations of "Care of the Baby" are to be given in all towns.
3. Little Mothers' Classes have been asked for by some schools.
4. A moving picture machine was purchased by a group of citizens, which is being used with splendid effect.
5. Office and headquarters have been furnished for the nurses who are carrying on the demonstration by the County Tuberculosis League, and the tuberculosis nurses have been allowed to assist actively.
6. An effort will be made to visit every baby whose birth has been registered during the last two years; and to visit every home in which a baby has died during the same period.
7. A house-to-house canvas will be made to at least 500 homes, and cards will be kept for reference, indicating where crippled children are found, tuberculous children, premature babies, etc.
8. A Prenatal Registry is being started, and an effort will be made to secure the names and addresses of as many pregnant women in the county as possible; a personal letter of advice will be sent to these expectant mothers every month, according to period of pregnancy, together with leaflets and prenatal care pamphlets; personal visits will also be made.
9. Every birth will be followed up with personal letters of information to the mother, letters, books and visits, etc. An effort will be made to have every baby examined.

May 11th to 18th is to be Health Week, and this opportunity will be made the most of for a "Better Babies" campaign. Visits are being made to the merchants and they are being helped to plan their exhibits and floats and, of course, urged to make "Baby Displays." Printed posters are being made and a prize has been offered to the students of the high school and women's college for the best ones; the pupils are very much interested and are working hard. There is also to be a parade, and a good "Baby Car" is being planned.

LIBRARY DEPARTMENT

One more centre has been added to those from which material on public health nursing can be borrowed, thus making the number of distributing library centres thirty-six; the new centre is:

Utah, Dept. of Public Instruction, Salt Lake City. Librarian, Miss Mary E. Downey.

Requests for clippings and pamphlet loans have come to the library from all parts of the United States, with particularly interesting questions from Texas and the Middle West. Material has been sent out on such subjects as factory sanitary regulations, sex education, hospital social service, etc.

The excellence of the new reprint, "Hints to Parents on the Health of Their Children," by Dr. Florence Sherman, is being proved daily by an unprecedented demand for it. Orders have been coming with nearly every mail for from 10 to 300 copies, and the first supply has been exhausted. A second supply of 2,500 copies has been obtained. This article was first published in the February, 1919, issue of THE PUBLIC HEALTH NURSE.

ARE YOU PLANNING A TRIP TO NEW YORK?

If so, the librarian begs to call your attention to three places, off the beaten track for tourists, but well worth a visit from every public health nurse.

Museum of Natural History (Sanitary Exhibit), Central Park West and 77th Street, New York City.

American Museum of Safety (interesting to those doing industrial welfare work), 14-18 West 24th Street, New York City.

Red Cross Institute for Disabled Men, 311 Fourth Avenue (23rd Street), New York City.

The Sanitary Exhibit graphically presents facts about communicable diseases which every public health worker should not only know but *know how to present*. Here is suggestive material for talks in public schools or exhibits in County Fairs.

The Museum of Safety will be of special interest to industrial nurses, though there are brands of safety for home and hospital as well as for factory and mine.

The Red Cross Institute hardly needs explanation. It may yield valuable hints to be carried home to the industrial cripple we all have in our home towns.

And then we'd like you to add one more address—Room 925, 156 Fifth Avenue, the Home Office, where every member is welcomed, and the Librarian will be glad to hear of your special needs.

BOOK REVIEWS AND BIBLIOGRAPHY

MENTAL DISEASES. A handbook dealing with diagnosis and classification. By Walter Vose Gulick, M. D., Assistant Superintendent Western State Hospital, Fort Steilacoom, Wash. Illustrated. C. W. Mosby Company, St. Louis. 1918. $2.00.

This little book is a very short and convenient method of acquiring an outline information of the classification of mental diseases and their most prominent symptoms. It does not pretend to be a treatise on the subject. It will undoubtedly fill the purpose for which it is intended, that of supplying the nurse or general practitioner with a means of quickly acquiring a knowledge of the diagnostic points which will aid in an intelligent observation of such cases as may come under their care. Naturally in such a work there is much that is omitted and criticism of such would be unjust. The author has aimed to put the subject of diagnosis and classification of mental diseases in a "concise, digested" form and has succeeded in doing so in a clear manner.

W. R. D.

PRINCIPLES OF BACTERIOLOGY. By Arthur A. Eisenberg, A. B., M. D., Director of Laboratories, St. Vincent's Charity Hospital, Cleveland, Ohio, Demonstrator of Pathology, School of Medicine, Western Reserve University; Visiting Pathologist, St. John's Hospital; Visiting Pathologist, Lutheran Hospital; Fellow American Medical Association. C. V. Mosby Company, St. Louis.

This little volume has been compiled by Dr. A. Eisenberg, based on a series of courses in bacteriology given to the nurses at St. John's and St. Vincent's Charity Hospital in Cleveland. The author has succeeded in meeting the needs of the nurses, especially in the application of bacteriology to the care of the sick. The fundamental principles of bacteriology have been brought out in a concise and comprehensive manner.

The illustrative material is excellent and clarifies greatly the various phases of the laboratory technique.

The derivation of many of the technical terms is explained which helps to stimulate the interest in this science.

The chapter explaining the scientific basis of immunity is made especially clear, facilitating the understanding of these rather complex theories.

The information on yeasts and molds is very brief; however, this material can readily be obtained from other sources.

A complete list of questions at the end of the volume serves well as a guide for study and review.

E. S.

INTIMATE LETTERS FROM FRANCE, During America's First Year of War. By Elizabeth H. Ashe, Chief Nurse of Children's Bureau, Department of Civil Affairs, American Red Cross. Philopolis Press, San Francisco, Cal.

These letters give a vivid picture of scenes and conditions in France during the first year after America's entry into the war; they end with August 12th, 1918, and one cannot help wishing that they had been carried on just a little longer until the armistice was signed, thus making the period complete. The writer was the founder of the Telegraph Hill Neighborhood Association in San Francisco, and her letters should be of special interest to public health nurses, because her work was on behalf of the suffering children of France and in many of her descriptions and comments the point of view of the public health nurse is apparent. "I feel very hopeful on one point," she says in one letter, "I feel sure that those who have, through this world tragedy, learned the joy of personal service, will never be content again to let the suffering world go by without extending the hand of brotherly love. We won't find it so difficult in the future to supply our starving babies with milk, or to find homes for the families full of light and sunshine, places fit for human beings to live and bring up our future citizens in."

In June, 1918, just after Chateau Thierry, the need for nurses to care for the wounded was very great, and Miss Ashe asked for a "vacation" in order to give her services at the American Ambulance at Neuilly, where the hospital had increased almost over night from 600 to 1,500 beds, the nurses having been "routed out of their beds at eleven p. m. one night, and wounded from the operating room brought right in." Her letters describing this period are full of enthusiasm over the American boys and their splendid spirit and courage.

The book is thoroughly interesting and will, we feel sure, be enjoyed by many readers. M. S.

Malnutrition and Health Education, by David Mitchell, Bureau of Educational Experiments, New York (Reprinted from The Pedagogical Seminary, March, 1919), presents much valuable infor-

mation, founded upon an experiment carried out with 894 children in New York schools. Weighing and measuring tests of these children established the fact that, grouping them according to grades, in the 7th grade more than 14 per cent were under weight; in the 6th grade nearly 16 per cent; in the 5th grade over 21 per cent; and in the first grade nearly 17 per cent. "Considering these four grades as representative of the entire school population, 16.8 per cent of all our children are 7 per cent or more under the weight they should be for their height. This means that in New York City, with approximately 1,000,000 school children, 168,000 are under-nourished." "Nutrition Classes," were organized offering special treatment for those of the children for whom the necessity of such care was indicated, and the pamphlet deals with the treatment provided, according to the several classes, and the results of this treatment. The information is very carefully and specifically outlined, and many tabulations and charts are included.

The Road to Health, Keep Well Series No. 1, published by the United States Public Health Service, Washington, D. C., gives in brief and succinct form certain rules and advice for the preservation of health. A table of average height and weight of men and women at various ages is included, and 18 "Rules of Hygiene" are given. A very useful, handy little pamphlet for general distribution.

Clothes for California Children, Bulletin No. 4, issued by the Children's Year Committee of the State Council of Defense, is an attractively illustrated pamphlet which gives rules in regard to hygienic clothing for children, descriptions of various kinds of garments, etc., and hints in regard to laundering. Pattern outfits for children of kindergarten age and school age are listed, and there is a special page, illustrated, on the subject of "Shoes for Babies, Boys and Girls."

The Hospital Social Service Quarterly for May, 1919, contains, amongst other material, the following articles: "The Medical Social Unit," Dr. Sidney E. Goldstein; "The Follow-Up Work at Presbyterian Hospital," E. T. Patterson; "The Nutrition Class," Lucy Oppen; "The Handicapped Employment Bureau," E. Rigby; "Occupational Therapy for Interned Patients," Alice H. Walker; "Relation of Social Service to the Syphilitic," Dr. Anna M. Richardson; "Work for Convalescent Children," Dr. Henry Dwight Chapin. Dr. Goldstein, in his article, draws attention to the fact

that through "instruction in hygiene and sanitation, nursing care, medical care, and social care," it has been possible in New York City to reduce infant mortality in some sections to an incredibly low level. In the city as a whole the infant mortality rate runs between 9 and 10. In one infant hygiene clinic in which there are between 500 and 600 babies constantly under care the infant mortality rate has been reduced to less than 1 per cent."* The journal is published by the Hospital Social Service Association of New York.

Lectures on Social Hygiene for Nurses, 1919, is a Bulletin prepared by the U. S. Public Health Service (V. D. Bulletin No. 40), which should be carefully studied by all Public Health Nurses.

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*It is interesting to note that a similarly low percentage is shown in the report of the Health Department of Akron for the year 1918. See Page 471 in this issue of The Public Health Nurse.

NOTES FROM THE FIELD

NEW STATE LAWS AFFECTING HEALTH

Kansas

The State Legislature of Kansas has passed two bills of special interest to those concerned with matters of public health.

One of these bills (House Bill No. 195) authorizes the Mayor and City Council or Board of Commissioners of cities of the first and second class (with the exception of cities of the first class which have a population in excess of 85,000) to levy a tax, not to exceed one-fifth of one mill on a dollar, for the purpose of raising a fund for the maintenance of any public health nursing association which is or hereafter may be incorporated in any such city. The tax is to be credited to a special fund, to be known as the Public Health Nursing Association fund, and to be expended and appropriated by the mayor and council, as may be appointed by city ordinance.

The other bill (House Bill No. 323) creates and maintains free dental inspection annually for all children in the public schools throughout the State. Certificates of the result of such inspection, together with suggestions of requirements for the curing of any defects found, to be made in duplicate, one copy to be furnished to the child examined, the other to be filed with the clerk of the school board to which the child belongs.

California

In California a bill has been passed, and signed by the Governor, permitting the counties of the State to employ Public Health Nurses.

A bill providing for the establishment of a Child Hygiene Bureau in the State Board of Health is now in the hands of the Governor of California, awaiting his signature. As defined by this bill, the bureau will have power, under the direction and supervision of the State Board of Health, to investigate conditions affecting the health of the children of the State; to disseminate educational information, and to advise all public officers and agencies and organizations interested in the health and welfare of children. A director of the bureau shall be appointed, who shall be a duly licensed and practising physician. An appropriation of $20,000 is made, to be expended over a period of two years.

Washington

From the State of Washington we receive word that the biennial legislature has just adjourned, and on taking inventory of the bills

passed, progressive workers throughout the State are much encouraged. Some of the most important measures passed are the following:

Provision for the physical training of all children in the public schools. (Substitute H. B. 16.)

Provisions covering reporting and treatment of venereal diseases. (S. B. 6.)

Appropriation of $150,000 for the construction of an industrial woman's home and clinic; this will facilitate the carrying out of the health work in regard to venereal diseases. The State Federation of Women's Clubs concentrated all their efforts on this bill and finally were victorious, though with much reduced appropriation. (S. B. 96.)

Increase of State aid for tuberculous patients in sanitariums, from $3.00 to $5.00 per week. (S. B. 92.)

Removal of classification of mothers from Mothers' Pension Act, making it possible for any mother having dependent children whom she is unable to support to receive State aid. (S. B. 26.)

INTERESTING ANNUAL REPORTS

Irene Kaufmann Settlement, Pittsburgh

The Irene Kaufmann Settlement, of Pittsburgh, Pa., has just issued a noteworthy and interesting report covering the large work, activities and services rendered by the Settlement during the year 1918. The report of 60-pages is the largest one issued by the Settlement and shows that the year 1918 was the biggest year in the history of the Community Center of the Hill district. Not only were the regular activities maintained and carried on, but in addition, all the extraordinary work and services demanded by the war and the influenza epidemic were successfully met. This institution, founded in 1895, has a notable record of accomplishments to its credit, and its 23rd year of activity only added to the list.

During the year, over 3,500 club meetings and classes were held in art, music, dramatics, sewing, cooking, printing, toy-making, basketry, games, dressmaking, swimming, singing, orchestra, clay-modelling, gymnasium, dancing, playground, etc. In these activities alone, there was an aggregate attendance of over 60,000. The personal service department handled nearly 7,000 matters requiring social and personal service, which ranged from securing birth certificates and doctors' services, to giving legal advice and

appearing in court. In the Public Health District Nursing Department, the nurses visited 2,703 patients in 1918, making 10,101 professional visits, and 1,090 social visits. To the regular staff of nurses maintained by the Settlement, a special nurse was added on May 1, 1918, for prenatal and postnatal nursing, inaugurating this kind of district nursing service in Pittsburgh. During the influenza epidemic the nurses and women residents of the Settlement nursed 42 days without a day of rest and took care of 1,047 cases of influenza and pneumonia, meeting an increase of 560 per cent patients to be taken care of.

The Irene Kaufmann Settlement services in connection with the war have been recognized by local draft boards and the city, State and nation.

Recreation was furnished and personal service was rendered to all men in uunfirm. Generous assistance was given the Government in various campaigns for the conservation of food and fuel, as well as in the maintenance of the public health and the children's year campaign to save the babies.

A great deal of effort was spent in guarding living conditions of the Hill district in particular, and of the community in general, and service was given to help maintain the industrial standards and keep up community morale. All through the war, the Irene Kaufmann Settlement was the leader in Americanizing its neighborhood, especially in the development of American citizenship and patriotism; and it points with pride to its honor roll which contains 453 names and seven gold stars.

In addition to its own activities, the Irene Kaufmann Settlement houses on its roof an open air school of the Board of Education, which takes care of anaemic and pre-tubercular children; gives the Board of Education rooms for the use of a public school kindergarten; gives free use of its dispensary to the University Maternity Clinic; is the headquarters for the District Milk Station and Infant Welfare Work of the Department of Health, etc. It serves, coöperates with, and assists all the civic, social and philanthropic agencies of the city, both public and private, whenever possible.

The work and services of the Irene Kaufmann Settlement have been steadily growing, and it is a big factor in the development of its neighborhood and the community. Its influence has gone far beyond the confines of the city and many requests come each year from different parts of the country, asking for assistance and sug-

gestions in inaugurating similar institutions or developing fields of work in which the Settlement has led the way.

Chicago Visiting Nurse Association

The 1918 report of the Visiting Nurse Association of Chicago has just been issued; it contains much of interest and value not only in regard to the association itself, but also concerning public health nursing generally. The president in her address, for example, calls attention to the report made by Miss Foley, the superintendent, on request of the Illinois Commission on Health Insurance, in regard to nursing conditions in Illinois with reference to resident and visiting nurses. Miss Foley shows, from the statistics of the visiting Nurse Association, that out of 241,000 home visits made in 1917 71 per cent were free visits, i. e., not paid by patients, employer or insurance company; yet only about half of these families were known to other registered philanthropic or relief-giving agencies, and of these some were known only to dispensaries and hospitals; this would show that a large proportion of those who come under the care of the visiting nurse can care for themselves when well and only require outside help in case of sickness. The report suggests that an extension of visiting nurse service might well be made to many more families who need skilled nursing help, but whose incomes will not allow them the exclusive use of a trained nurse. An investigation, borne out by a similar study made in Boston, indicates that at "least 70 per cent of the community is being untouched by this type of nursing. It has been roughly estimated that 10 per cent of any given community takes adequate care of itself, another 10 per cent requires assistance of some sort, and the remaining 80 per cent is able to look out for itself under ordinary conditions of health."

The report points with very justifiable pride to the fact that "since war was declared 59 of our former visiting nurses have gone into active service, 42 of whom went directly from the staff in Red Cross service. In addition to these demands necessitated by war conditions, we were asked during the year to supply 100 nurses to fill other positions." There is also an interesting paragraph in regard to work during the epidemic:

> "The most important and most difficult piece of work done by the nurses was during the epidemic when our work increased from less than 4,000 patients in September to more than 9,000 in October, and from 17,000 calls in September to 25,750 in October. . . . . Thus far we have dismissed from our books a little more than 7,000 cases of influenza."

The County Agent, in a letter expressing his "gratitude and appreciation of the splendid work performed by the visiting nurses in co-operation with the county doctors during the influenza epidemic," points to a record of "but 11 fatalities out of 1,332 cases treated at the homes of the poor, which" he adds, "in my humble judgment, is the greatest compliment of any."

The report, as usual, is illustrated with excellent pictures, which add very much to its attractiveness and interest.

Philadelphia Visiting Nurse Society

The Visiting Nurse Society of Philadelphia, in its report for the year 1918, dwells largely on the work of the nurses during the influenza epidemic, during the height of which 4,050 cases were cared for by the staff; fifteen extra nurses were added to help to meet the desperate situation.

Out of this experience of the epidemic has arisen an Hourly Visiting Nursing Service, as an essential part of the program for 1919. "In previous reports," says Miss Katherine Tucker, the superintendent, "the hope has been expressed that the work of the society might ultimately be a complete community service. At last, during the epidemic, the hope was most dramatically realized. Often the visiting nurses have been characterized as the guardians of public health, but sickness is no respecter of persons, and if the truth of this ideal is to be realized, the work must be based on the broad principles of service to all who need them. Therefore, an essential part of the program for 1919 is the extension of the visiting nursing service to those who require skilled care but who are not able or do not desire to have a nurse resident in the house. A special fund has been raised to put this new Hourly Visiting Nursing Service into operation so that it will in no way encroach upon the society's long-established work among the poor."

The society has realized its duty to help to produce more public health nurses in response to the great and growing demand, through its department of instruction, where the machinery was already at hand to meet the emergency. A special appeal was made to hospital training schools to send their senior pupil nurses to the society for two months at a time, in rotation, for instruction and experience in public health nursing. At the end of the year a total of forty pupil nurses had received this public health nursing preparation.

Division of Public Health Nursing, Department of Health, Akron

"Our most insistent demand from the public is now and will be in the future for public health nursing service. This is the logical result of good service rendered." This is the statement of the health officer of Akron, in his report for 1918.

A change, early in the year, from part time to full time district physicians, while proving more satisfactory, caused a certain amount of confusion for a time and affected especially the medical school inspection, and this service was again affected in the fall by the influenza epidemic, which occupied the full time of the nurses for four months, during which time they "went into stricken homes day and night without rest, giving what comfort and help could be provided for the sick."

During the spring, attention was brought to the great number of anaemic and poorly nourished children in the schools, and through the physicians and nurses a list of over 600 children who were in need of open air treatment was referred to the department. In addition, 137 children were found who were suffering from after effects of infantile paralysis; in order to provide proper care for these little sufferers one of the staff nurses was sent to Boston for a course in massage and muscle training at the Boston Children's Hospital; this nurse returned in December and has begun the organization of the work in Akron, working in coöperation with the clinic at the Children's Hospital in the city.

In June the fourth Municipal Child Welfare Clinic was opened; the care and feeding of infants up to two years of age and the supervision of the child from "two to six" are the special functions of the infant welfare stations, the duties of the station nurses including prenatal instruction to pregnant women, after care of maternity cases and general bedside nursing service.

Very considerable growth in all except the school service is shown by the following figures, taken from the report of Miss Olive E. Beason, Director of the Division of Public Health Nursing:

	1917	1918
School Medical Inspection Service	76,728	68,484
Open Window Rooms:		
Referred for open window rooms	175	650
Open window room accommodations	60	180
Special Health Educational Reports:		
Little Mothers' Clubs	4	9
Health Talks and Drills	903	475
Baths	523	931

Tuberculosis Dispensary:		
Tubercular persons served	551	1,100
Tubercular families served	301	577
Tubercular persons passed through clinic	No record	1,285
Tubercular children served	121	350
Tubercular deaths during year	30	73
Child Welfare:		
Infants served (up to 2 years of age)	357	887
Families served	298	701
Deaths of infants under care	3	5
From pneumonia	0	3
From feeding causes	3	2
Pre-School children under care (from 2 to 6)	0	464
(One death from this group during year.)		
Infantile Paralysis Cases:		
No. referred for after care	0	137
Under treatment	0	12

The need is shown for a considerably enlarged nursing staff for the coming year.

Toledo District Nurse Association

The Toledo District Nurse Association has been very active during the year 1918, showing an increase of 1,166 patients over the previous year. Two extra baby clinics were opened in order to carry on "Children's Year" activities, and two nurses devoted their entire time for three months to child welfare work. Over 9,000 children were weighed and measured, and all babies found under weight were called upon by the nurses and the mothers given advice as to their care.

During the year, 2,188 patients with tuberculosis or suspected tuberculosis came under the care of the nurses; and an effort has been made to do some county tuberculosis nursing. Talks have been given in the schools, children have been inspected and a good beginning made. The hope is expressed that some time in the near future Lucas county can have a rural nursing system, since "The various places visited, of course, want the tuberculosis nurse to do generalization work." During the national anti-tuberculosis week, held in December, the tuberculosis committee had slides bearing upon the treatment of tuberculosis placed in the five-cent moving picture theatres, circulars were distributed among the churches or notices put in the church calendars calling attention to the great need for fighting the disease, and charts were placed in all the public and parochial schools, containing daily health guides for the children.

The association maintains an hourly nursing service, which has been of the greatest help to families unable to obtain private duty nurses during the time so many had enlisted in war work.

During the year an intensive two-months course in public health nursing has been established for pupil nurses from the hospitals.

It is particularly interesting to note that, through the generosity of the board of trustees, the entire staff of nurses attended the annual meeting of the National Organization for Public Health Nursing, held in Cleveland; later in the year the Thalian Society paid the expenses of a visit of the two field supervisors to the Teaching Centre in Cleveland; one nurse was sent to study school nursing in the schools of the same city; and the household educator attended the National Dairy Show held in Columbus.

The report of the Household Educator is very interesting, and clearly shows the need for the services of such a worker.

The report is illustrated with some very appealing illustrations.

HOME NURSING CLASSES STARTED IN TENEMENT QUARTERS

Five classes in elementary hygiene and home nursing for women are in full swing at the first Red Cross tenement headquarters opened in a four-room apartment rented by the Red Cross at 510 West 26th Street, New York City.

One class is made up of the younger women of the neighborhood, and the older women are instructed another evening.

Complete equipment for teaching the course, with three beds, mattresses, bedding and a kitchen outfit, have been installed in the flat.

AMERICAN NURSE DECORATED BY THE FRENCH GOVERNMENT

Decorated by the French government, and having a number of service stripes to her credit, Miss Margaret Mahoney of New York, wears only four stripes to indicate her two years of service with the American Red Cross. However, she has the right to wear nine.

When the war broke out, Miss Mahoney, who is an American girl of Irish birth, was living in Paris. She joined the French Red

Cross with which she served as a nurse until America entered the war. Then she joined the American Red Cross.

Miss Mahoney was presented with the highest award of the French Red Cross for her services to the French wounded, and upon landing in New York, she was informed that the French government had presented her with another decoration, the Medaille de Reconaissance de France.

RED CROSS NURSE DECORATED

The decoration of another American Red Cross nurse for exceptional heroism in action has been reported from Paris. She is Miss Jane Jeffery, of Brookline, Mass., who was awarded the Distinguished Service Cross for heroism during a German air raid on the American Red Cross Hospital at Jouy-sur-Morin, last July. The German airmen dropped four bombs on the hospital, which was filled with patients. Two enlisted men were killed, and eight others besides Miss Jeffery were wounded. Despite her wounds Miss Jeffery attempted to continue with her duties. Her citation reads as follows:

"For extraordinary heroism in action at Jouy-sur-Morin (Seine-et-Marne) France, July 15, 1918. While she was on duty at American Red Cross Hospital 107, Miss Jeffery was severely wounded by an exploding bomb during an air raid. She showed utter disregard for her own safety by refusing to leave her post, though suffering great pain from her wounds. Her courageous attitude and devotion to the task of helping others was inspiring to all of her associates."

A nurse, writing recently from France, says:

"The Jane Jeffery who got the Distinguished Service Medal, behaved wonderfully; she refused a special nurse because the soldiers needed her more and is on 'light duty' now, because she could not bear to be idle. Everyone is so charmed by her pluck and modesty. We are awfully proud of her—she has real Red Cross spirit."

SMITH COLLEGE OFFERS SPECIAL COURSES

The Smith College Training School for Social Work offers courses in Psychiatric Social Work, Medical Social Work, Community Service, and Child Welfare. The training offered falls into three divisions: a summer session of eight weeks of theoretical instruction combined with clinical observation; a training

period of nine months practical instruction carried on in coöperation with hospitals and settlements; and a concluding session of eight weeks of advanced study. The duration of the training course is thus fourteen months including a month of vacation. The first summer session commences July 7th, 1919. Further information in regard to these courses may be obtained from the Director, Smith College, Northampton, Mass.

SUMMER COURSES IN CHICAGO

The Chicago School of Civics and Philanthropy, in coöperation with the National Organization for Public Health Nursing and with the public health agencies of Chicago offers a two weeks' Institute for Public Health Nurses, beginning August 4th and ending August 16th. The Institute is open to nurses who have been in service six months, and will include courses in Recent Development in Public Health Nursing, Principles of Social Case Work, and Special Problems of Community Organization. The afternoons will be devoted to Round Table Discussions and Inspection Visits.

During the summer special courses are also given by the School of Civics and Philanthropy, in Industrial Service, and in Community Recreation. The first term commences June 16.

SOME TUBERCULOSIS STATISTICS FROM OHIO

Approximately two-thirds of the Ohio men discharged from the army and rejected by draft boards because of tuberculosis are receiving attention from local public health nurses of the State, according to an estimate of the State Department of Health. The other one-third live in communities which do not maintain nursing service and are consequently without such care.

Of 1,958 rejected and discharged tuberculosis victims reported to date, 1,272 live in nursing jurisdictions and 686 live outside such areas. Almost the same proportion applies to men living within and without counties provided with public tuberculosis hospitals. Hospital facilities, of course, are greatly inadequate to care for all the tuberculosis sufferers within their jurisdiction.

WESTCHESTER COUNTY NURSES ORGANIZE

Westchester County, New York, has a population in round figures of four hundred thousand. Sixty-five public health nurses are employed by public and private organizations. These nurses are engaged in every branch of public health work, including school, tu-

berculosis, child welfare, hospital social service, industrial, contagious and visiting nursing. The county covers a wide area and has a large rural population. There are also twelve villages, three cities in the third class and one second class, so within the boundaries of this county there are distinctly the rural, the village and the city public health problems to be dealt with. The nurses of this county have, for a long time, felt the need of getting better acquainted with one another and of making a special study of the best methods of carrying on public health nursing work and also of raising the standard of the nursing service throughout the county.

On March 21, 1919, forty-five of the public health nurses met at the County Hospitals at East View for a luncheon and after familiarizing themselves with the activities of the county institutions, they formed an organization which is to be known as the "Westchester County Association of Public Health Nurses." Miss Lennie B. Arthur, R. N., who has recently been appointed to the newly created position of County Public Health Nurse, was elected chairman of the association, and Miss Florence Brownell, tuberculosis nurse of Portchester, was elected secretary. At this meeting a committee on organization was appointed.

On April 25, 1919, the second meeting of this new association was held at the County Courthouse, White Plains, N. Y. At this meeting, the new constitution and by-laws were accepted. At the close of the business session the meeting was addressed by Dr. Frederick Brush, superintendent of the Burke foundation. Every nurse present at that meeting has now a clear understanding of how to select convalescent cases for the Burke foundation.

PUBLIC HEALTH SECTION FORMED IN OHIO ASSOCIATION

A joint annual meeting of the Ohio State Association of Graduate Nurses and the Ohio State League of Nursing Education met in Toledo May 5-7, 1919. At this conference it was decided to form a section on Public Health Nursing, as a division of the State Graduate Nurses' Association.

Amongst the subjects dealt with at the meetings was that of rank for nurses, Miss Allison, former chief nurse of the Lakeside Hospital Unit, emphasizing the need of such rank by citing illustrations from her own personal experience while in the army, and drawing comparison between the work of the British and American nurses.

Professor Isabel Stewart, of Columbia University, gave a paper on the necessity for reorganizing the training school to meet the demand for the production of more and better prepared nurses. At a special session on Public Health and Private Duty Nursing a talk was given on Health Insurance; Miss Frost of the Toledo Visiting Nurse Association spoke of the work of the association, and Miss Abbie Roberts, of the National Social Unit Organization, told something of the work of the social unit in Cincinnati. An account was also given of the Public Health Nursing in Rural Schools of Ohio.

A NEW MOTION PICTURE FILM

The Children's Bureau has a new motion picture film on Children's Year activities, called "Our Children." The picture was taken in Gadsden, Alabama, at the time of the Children's Health Conference conducted there this spring by the bureau. The town gave hearty coöperation and made it possible to secure a very interesting picture. The characters and events are real. The story shows how the interest aroused by the Bureau's Health Conference leads to the employment of a public health nurse, and then shows her at work.

The film is largely concerned with the work of public health nurses, and probably many public health nursing associations, or groups who are trying to establish such associations will be glad to arrange to have the picture shown in their local theatres. The Child Conservation Section of the Council of National Defense has called the film to the attention of its local chairmen. Further information can be obtained from Mr. David K. Niles, Chief of the Motion Picture Section of the Division of Education and Information, Department of Labor, 6 West 48th St., New York City.

REGIONAL CONFERENCE ON CHILD WELFARE

In connection with the International Conference on Child Welfare Standards called by the Children's Bureau, and held in Washington, May 5-8, regional conferences have been held in various cities. At these meetings the tentative standards adopted by the Washington conference were presented for discussion, and addresses on different phases of international problems of child welfare were made by some of the experts who are visiting this country for the purpose of attending the conference.

One of these regional conferences was held in Cleveland, under

the auspices of the Welfare Federation; the visitors included Dr. Clotilde Mulon, France; Sir Cyril Jackson, Great Britain; Mrs. Eleanor Barton, Great Britain; Mr. Takayuki Namaye, Japan; Professor Fabie Frasette, Italy; Mr. R. C. Davison, Great Britain; Dr. Rene Sand, Belgium. These experts were much interested in visiting the various child welfare agencies in the city, and at several largely-attended meetings gave interesting accounts of the work along similar lines which is being carried on in the countries which they represent.

NATIONAL CELEBRATIONS*

The *London Times* of April 18 published the following account of plans for "Peace Day" in London:

The League of Arts for National and Civic Ceremony having held its inaugural meeting . . . . is now preparing its plans for the first two undertakings which it has in hand.

The object of the league, as its name implies, is 'to give adequate expression to our national joys, sorrows and aspirations; to bring art and public life into contact; and to bring every individual, as far as possible, into the creative life of the community." The official celebration of peace, whenever that may come, will find the league ready to give its help in making the rejoicings worthy of the occasion.

Each borough, it is intended, shall have its own evening entertainment, and for this purpose local committees are to be formed. . . . . Music and the sister arts will be the foundations on which the celebrations will rest. In every borough large choirs will be formed, and starting out, say, at 7 in the evening, they will parade the leading thoroughfares of the district, singing stirring British songs as they go. In each borough, provided the sympathy of the Office of Works and the London County Council is extended, the singers will make for the largest open space available, and here the celebration will be continued. A large stand for chorus and orchestra will be built, as well as a stage. Thus music will be interspersed with other forms of entertainment.

The other occasion on which the league is concentrating a good deal of effort is the tribute to the mercantile marine. . . . . It is to take the form of a pageant on the Thames, which will include a procession of ships' lifeboats, manned by men of the mercantile marine. . . . . But the pageantry is not to be limited to the water. It is intended to divide the north and south banks of the river into sections, and each section will be given over to one of the boroughs. The local committee of the borough will be responsible for the decoration of its section, and provided that it conforms with the general scheme it will be given unlimited scope. On this occasion, also, music is to play a prominent part, and a large choir in each borough will parade the streets before taking up its place by the riverside. It is hoped that the streets will also be decorated, and householders are urged to coöperate in this part of the celebra-

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*See Editorial, "National Celebrations."

tion. The householder will be allowed to decorate his establishment in any way he likes by the use of flags, greenery or flowers, and it is suggested that if, for instance, he has served in Mesopotamia his scheme of decoration should bear some sign of the fact. If a district is specially known to fame as the home of a hero of the past, whether real or mythical, it is hoped that due prominence will be given to the fact in the decorations.

The bridges spanning the river will not come under the general scheme of decoration. It is intended that India and the Dominions shall each take the task of decorating one bridge, so making the pageant a tribute by all the rivers of the Empire to the work of the merchantmen and to the Thames as the father of them all. The pageant will aim at visualizing Mr. Rudyard Kipling's poem "Big Steamers," and one way of doing that will be to make even the wharves look attractive and pile upon them the merchandise that has been brought to London from all parts of the world.

On the following day, Sunday, July 20, there will probably be a more solemn ceremony of thanksgiving to the mercantile marine. Then, it is proposed, choirs from all parts of London shall proceed up and down stream, converging at Westminster in order that a great service of thanksgiving may be held.

NEWS NOTES

D. H. H. Hibbs, director of the Richmond School of Social Work and Public Health writes:

"The Monumental Church has offered us an excellent three story building down Board street from our present location. We will put in a heating plant and make all repairs, on which they will pay about $600.00."

Word has just been received from the South Carolina Federation of Woman's Clubs that the Federation is giving four scholarships in public health nursing through the State Department of Health this fall.

The regular meeting of District No. 1 (Los Angeles) was held on Thursday, April 10th, 1919. A short business meeting preceded the speech of the evening, and it was voted that the May meeting should be one of special entertainment, consisting of a cafeteria dinner in the city and a visit afterwards to the Community Theatre in Hollywood.

The speaker of the evening, Mrs. Henrietta Capp, gave a very interesting address on Development of Taste and Art Principles.

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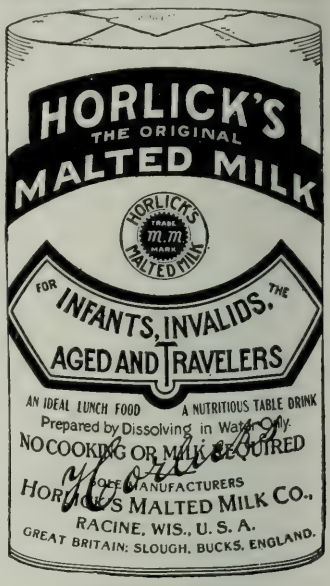

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Training for Public Health Nursing in the South

The Virginia School of Social Work and Public Health offers a four months course in public health nursing beginning February 1, 1919. In co-operation with the Instructive Visiting Nurses Association, the Health Department, the Public School Nurses, and certain factories, opportunities for specialization in school, infant welfare, industrial, tuberculosis and general visiting nursing will be available.

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For further information write the Director, 1112 Capitol Street, Richmond, Va.

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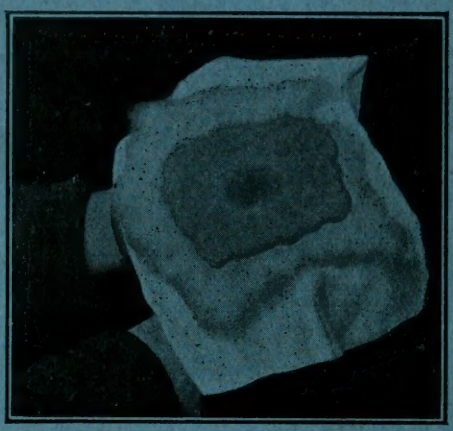

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